

NEW SFD

APPROVED

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 8/30/2019	Permit No.: B2019-3718
Date Issued: 10-16-19	By: <i>HL</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>Check</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11704 SW Sofia Court	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: Cameron Place
Cross street/directions to job site: Walker Rd to Lynnfield Lane	
Subdivision: Cameron Place	Lot no.: 9
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family Residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mission Homes NW, LLC	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mission Homes NW, LLC	
Contact name: Josh Kelso	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 9035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
CONTRACTOR	
Business name: Mission Homes NW	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
CCB lic.: 186849	

Authorized
signature:

Print name:	Date:
Josh Kelso	8-30-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	446,698.26
Number of bedrooms:	5
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 3350
Garage/carport area:	square feet 638
Covered porch area:	square feet 250
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

32018-2672 AL
2809
ReIssue 32018-1956

OFFICE USE ONLY	
Date Received: 10-25-18	Permit No.: 32018-4983
Date Issued: 10/31/18	Payment Type:

Recorded 10/29/18

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:

CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 15753 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 42
Tax map/parcel no.:	

DESCRIPTION OF WORK	
NSFR	

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	

<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	

CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$845,861.37	
Number of bedrooms: 3	
Number of bathrooms: 2.5	
Total number of floors: 2	
New dwelling area: 2672	square feet
Garage/carport area: 588	square feet
Covered porch area: 58	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,420.45
Amount received	
Date received:	

Authorized signature:	
Print name: Amanda Loveridge	Date: 10/27/18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

ReIssued B2018-1344 2547 AR

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 10-25-18 Permit No.: B2018-4992
Date Issued: 10/31/2019 Payment Type:

TYPE OF WORK

☒ New construction ☐ Demolition
☐ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling ☐ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15754 SW Thrush Ln
City/State/ZIP: Beaverton, OR
Suite/bldg./apt. no.: Project name: Russell
Cross street/directions to job site:

Subdivision: Westmont Lot no.: 77

Tax map/parcel no.:

DESCRIPTION OF WORK

NSFR

☒ PROPERTY OWNER

☐ TENANT

Name: DR Horton, Inc
Address: 4380 SW Macadam Ave Suite 200
City/State/ZIP: Portland, OR 97239
Phone: (503) 222-4151 Fax:
E-mail: plancheck@drhorton.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: DR Horton, Inc
Contact name: Amanda Loveridge
Address: SAME AS ABOVE
City/State/ZIP:
Phone: Fax:
E-mail: plancheck@drhorton.com

CONTRACTOR

Business name: DR Horton, Inc
Address: SAME AS ABOVE
City/State/ZIP:
Phone: Fax:
CCB lic.: 130859

Authorized signature:

name:

Amanda Loveridge

Date:

10/27/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: \$319,989.60

Number of bedrooms: 5

Number of bathrooms: 2.5

Total number of floors: 2

New dwelling area: 2547 square feet

Garage/carport area: 342 square feet

Covered porch area: 90 square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation:

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application: \$1,340.74

Amount received:

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

ELECTRONIC SUBMITTAL
SFEV/BUDGET VCS

Permit Application

Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

REV 19-017

T X

OFFICE USE ONLY

Date Received: 05/17/2019	Permit No.: B2018-3701
Date Issued: 10-31-19	By: <i>HK</i>
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: <i>Check</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12528 SW 171st Ter	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 48
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	Fax:
CCB Lic.: 189447	

Authorized
signature:*Jennifer Reilly*

Print name: Jennifer Reilly

Date: 5/16/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	221,277
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1795.78 square feet
Garage/carport area:	608.62 square feet
Covered porch area:	72.38 square feet
Deck area:	107.45 square feet 0
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application REV X

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



T 19-019

OFFICE USE ONLY

Date Received: 05/17/2019 Permit No.: B2018-3702
Date Issued: 10-31-19 By: *Julie*
CITY OF BEAVERTON Payment Type: *Check*
BUILDING DIVISION

TYPE OF WORK

☒ New construction ☐ Demolition
☐ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 12524 SW 171st Ter
City/State/ZIP: Beaverton, Or 97007
Suite/bldg./apt. no.: Project name: SCHM
Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 49

Tax map/parcel no.:

DESCRIPTION OF WORK

NEW SFR

☒ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: jreilly@everetthomesnw.com

☒ APPLICANT

☒ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Jennifer Reilly

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: jreilly@everetthomesnw.com

CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, Oregon 97210

Phone: jreilly@everetthomesnw.com

Fax:

CCB Lic.: 189447

Authorized signature:

Jennifer Reilly

Print name: Jennifer Reilly

Date: 5/16/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 215,363

Number of bedrooms: 2

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1570.1 square feet

Garage/carport area: 474.82 square feet

Covered porch area: 36 square feet

Deck area: 96 square feet 0

Other structure area: 0 square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet*

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups: R2

Existing:

New: Townhome

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 05/17/2019

Permit No.: B2018-3703

Date Issued: 10-31-19

By: HNL

CITY OF BEAVERTON
BUILDING DIVISION

Payment Type: Check

TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/allocation/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 12520 SW 171st Ter

City/State/ZIP: Beaverton, Or 97007

Suite/bldg./apt. no.:

Project name: SCHM

Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 50

Tax map/parcel no.:

DESCRIPTION OF WORK

NEW SFR

☒ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: jreilly@everetthomesnw.com

☒ APPLICANT

☒ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Jennifer Reilly

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: jreilly@everetthomesnw.com

CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave

City/State/ZIP: Portland, Oregon 97210

Phone: jreilly@everetthomesnw.com

Fax:

CCB Lic.: 189447

Authorized signature:

Jennifer Reilly

Print name: Jennifer Reilly

Date: 5/16/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 215,363

Number of bedrooms: 2

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1570.1 square feet

Garage/carport area: 474.82 square feet

Covered porch area: 36 square feet

Deck area: 96 square feet 0

Other structure area: 0 square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups: R2

Existing:

New: Townhome

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



REV X

T 19-018

OFFICE USE ONLY

Date Received: 05/17/2019	Permit No.: B2018-3704
Date Issued: 10-31-19	By: <i>ML</i>
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: <i>Check</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12518 SW 171st Ter	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 51
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	Fax:
CCB Lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	221,277
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1795.78 square feet
Garage/carport area:	608.62 square feet
Covered porch area:	36 square feet
Deck area:	108 square feet 0
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Jennifer Reilly

Print name: Jennifer Reilly

Date: 5/16/19

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 08/20/2019	Permit No.: B2019-3535
Date Issued: 10-10-19	By: <i>HL</i>
CITY OF BEAVERTON	
Payment Type: <i>check</i>	

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction ¹	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17436 SW DOTTEREI LN.	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 160
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTIO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON ,OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$349,899.43
Number, of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2618
Garage/carport area:	square feet 398
Covered porch area:	square feet 197
Deck area:	square feet 240
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,046.74
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	
Print name:	Date:
SANDRO GUERRERO	08/13/19

ADU DETACHED

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 9-13-19	Permit No.: B2019-3266
Date Issued:	By: <i>clay</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9816 SW Dapplegrey LP	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Patty Davis ADU
Cross street/directions to job site: SW Dapplegrey LP & SW Weir RD east of Murray BLVD.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128CC07900	
DESCRIPTION OF WORK	
New ADU in back yard of existing SFR at same address	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brooke Bernard	
Address: 9816 SW Dapplegrey LP	
City/State/ZIP: Beaverton, OR 97008	
Phone: 541-301-6361	Fax:
E-mail: pattysellinghomes@gmail.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Brian Roberts Architecture	
Contact name: Brian Roberts	
Address: 3409 NE John Olsen PL	
City/State/ZIP: Hillsboro, OR 97124	
Phone: 503-347-2971	Fax:
E-mail: brian@duckfans.com	
CONTRACTOR	
Business name: CM Construction LLC	
Address: 12598 SW CREEKSHIRE	
City/State/ZIP: Tigard, OR 97223	
Phone: 503-756-2110	Fax:
CCB lic.: 222757	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$70,000
Number of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	square feet 552
Garage/carport area:	square feet 0
Covered porch area:	square feet 208
Deck area:	square feet 0
Other structure area:	square feet 0

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: <i>Brian R Roberts</i>	Date:
Print name: Brian R Roberts	09/09/2019

Building Permit Application

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon.gov



OFFICE USE ONLY

Date Received:

Permit No.: B2019-1231

Date Issued:

By:

Payment Type:

TYPE OF WORK

☐ New construction

☐ Demolition

☐ Addition/alteration/replacement

☒ Other: City pump station

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☒ Other: City pump station

JOB SITE INFORMATION AND LOCATION

Job site address: 14798 SW Scholls Ferry Road

City/State/ZIP: Beaverton, OR 97007

Suite/bldg./apt. no.:

Project name: Meridian Pump Station

Cross street/directions to job site: Between SW Teal Blvd and SW 147th Place, south side of SW Scholls Ferry Road

Subdivision:

Lot no.:

Tax map/parcel no.: 1S132DD00100

DESCRIPTION OF WORK

Replacement of existing pump station with aboveground, seismically-resilient facility to increase pumping capacity and include an emergency standby generator.

☒ PROPERTY OWNER

☐ TENANT

Name: City of Beaverton

Address: 12725 SW Millikan Way

City/State/ZIP: Beaverton, OR 97005

Phone: (503) 350-4094

Fax:

E-mail: ssahu@beavertonoregon.gov

☒ APPLICANT

☐ CONTACT PERSON

Business name: same as above

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

CONTRACTOR

Business name: McClure and Sons, Inc.

Address: 15714 Country Club Drive

City/State/ZIP: Mill Creek, WA 98012

Phone: (425) 316-6999

Fax: (425) 316-6789

CCB lic.: 71127

Authorized signature:

Print name:

Date:

Kyle Hansen

9-18-2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

\$

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

\$515,979

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Approved

Clear Form

OFFICE USE ONLY

Date Received: 08/20/2019 Permit No.: B2019-3536
Date Issued: 10-1-19 By: [Signature]
CITY OF BEAVERTON Building Division Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 9300 SW NIMBUS AVE
City/State/ZIP: BEAVERTON OR 97008
Suite/bldg./apt. no.: Project name: NIMBUS VISTA
Cross street/directions to job site:

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

FSW WILL RELOCATE HEADS TO ACCOMODATE REMODEL

☐ PROPERTY OWNER ☒ TENANT

Name: NIMBUS VISTA
Address: 9300 SW NIMBUS AVE
City/State/ZIP: BEAVERTON OR 97008
Phone: Fax:
E-mail:

☒ APPLICANT ☐ CONTACT PERSON

Business name: FIRE SYSTEMS WEST
Contact name: BRANDON WHITTAKER
Address: 600 SE MARITIME AVE SUITE 300
City/State/ZIP: VANCOUVER WA 98661
Phone: (360) 693-9906 Fax:
E-mail: BRANDONW@FIRESYSTEMSWEST.COM

CONTRACTOR

Business name: FIRE SYSTEMS WEST
Address: 600 SE MARITIME AVE SUITE 300
City/State/ZIP: VANCOUVER WA 98661
Phone: (360) 693-9906 Fax:
CCB lic.: 49732

Authorized
signature:

Brandon D Whittaker

Print name: BRANDON WHITTAKER Date: 08/19/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$11,344.00

Existing building area: square feet 6018

New building area: square feet 6018

Number of stories: 1

Type of construction: V-B

Occupancy groups: B

Existing: B

New: B

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$126.83

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Approved



Building Permit Application

City of Beaverton Community Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.beavertonoregon.gov

OFFICE USE ONLY	
Date Received: 09/19/2019	Permit No.: B2019-3948
Date Issued: 10/11/19	By: <i>clm</i>
CITY OF BEAVERTON	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14831 SW Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: 14831	Project name: Murry Hill VAC T1
Cross street/directions to job site: SW Teal and SW Murry Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add (14), Relocate (21), and Demo (7) sprinklers, to accommodate a new tenant remodel.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Regency Centers	
Address: 5335 SW Meadows Rd, Suite 295	
City/State/ZIP: Lake Oswego, OR	
Phone: (503) 603-4703	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Joseph Plattner	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 97225	
Phone: (360) 699-4403	Fax: (360) 699-4485
E-mail: joseph.plattner@patriotfire.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 70822	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$5,250.00
Existing building area:	6,535.00 square feet
New building area:	6,535.00 square feet
Number of stories:	2.00
Type of construction:	VB
Occupancy groups:	
Existing:	B
New:	B

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$284.91
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: *Joe Plattner*

Print name: Joseph Plattner

Date: 09/18/19

rev 06/11

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

Approved

OFFICE USE ONLY

Date Received: 09/11/2019	Permit No.: B2019-3822
Date Issued: 9/20/19	By: Cley
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: fire sprinkler
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buidder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11439 SW Beaverton Hillsdale Hwy.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Pamper Nail Spa TI
Cross street/directions to job site: In Fred Meyer Bldg	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 4, relocate 4 and re-cut 8 sprinkler head drops to cover new floor plan off of existing wat system. All heads to be new QR type.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: AFP Systems	
Contact name: Carrie Onweiler	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
E-mail: breana@afpsys.com	
CONTRACTOR	
Business name: AFP Systems	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
CCB lic.: 67634	

Authorized signature:

Print name:

Steve Frost

Date:

09/09/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$4,500.00

Existing building area: square feet T12,223

New building area: square feet

Number of stories: 1

Type of construction: V-B

Occupancy groups: B

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$74.13

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

ELECTRONIC SUBMITTAL Building Permit Application

SEE I:/BLDG DIV WG-8



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 8/5/2019	Permit No.: B2019-3336
Date Issued: 9-20-19	By: <i>clay</i>
CITY OF BEAVERTON	Payment Type:
BUILDING DIVISION	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9847 SW Denney Rd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: DG # 5
Cross street/directions to job site: SW Scholls Ferry	
Subdivision: Denney Gardens	Lot no.: 12
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-issue of lot 16 - B2019-0998	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Willamette West Habitat for Humanity	
Address: 5293 NE Elam Young Pkwy, #140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Willamette West Habitat for Humanity	
Contact name:	
Address: 5293 NE Elam Young Pkwy, #140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
CONTRACTOR	
Business name: Willamette West Habitat for Humanity	
Address: 5293 NE Elam Young Pkwy, #140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
CCB lic.: 146735	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	224,577.37
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	3
New dwelling area:	square feet 1679
Garage/carport area:	square feet 375
Covered porch area:	square feet 32
Deck area:	square feet 0
Other structure area:	square feet 0
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: *Michael Wille*

Print name:	Date:
Michael Wille	08/03/19

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG 8



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 8/5/2019	Permit No.: b2019-3341
Date Issued: 8-26-19	By: deu
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9849 SW Denney Rd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: DG # 5
Cross street/directions to job site: SW Scholls Ferry	
Subdivision: Denney Gardens	Lot no.: 13
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-issue of lot 16 - B2019-0998	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Willamette West Habitat for Humanity	
Address: 5293 NE Elam Young Pkwy, #140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Willamette West Habitat for Humanity	
Contact name: Mike Wille	
Address: 5293 NE Elam Young Pkwy, #140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
CONTRACTOR	
Business name: Willamette West Habitat for Humanity	
Address: 5293 NE Elam Young Pkwy, #140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
CCB lic.: 146735	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	224,577.37
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	3
New dwelling area:	square feet 1679
Garage/carport area:	square feet 375
Covered porch area:	square feet 32
Deck area:	square feet 0
Other structure area:	square feet 0
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: **Michael Wille**

Print name:	Date:
Michael Wille	08/03/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

ELECTRONIC SUBMITTAL Building Permit Application

SEE I:/BLDG DIV WO 8...



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 8/6/2019	Permit No.: B2019-3342
Date Issued: 9-26-19	By: <i>[Signature]</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9851 SW Denney Rd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: DG # 5
Cross street/directions to job site: SW Scholls Ferry	
Subdivision: Denney Gardens	Lot no.: 14
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-issue of lot 15 - B2019-1001	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Willamette West Habitat for Humanity	
Address: 5293 NE Elam Young Pkwy, #140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Willamette West Habitat for Humanity	
Contact name: Mike Wille	
Address: 5293 NE Elam Young Pkwy, #140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
CONTRACTOR	
Business name: Willamette West Habitat for Humanity	
Address: 5293 NE Elam Young Pkwy, #140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
CCB lic.: 146735	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	3
New dwelling area:	square feet 1580
Garage/carport area:	square feet 375
Covered porch area:	square feet 32
Deck area:	square feet 0
Other structure area:	square feet 0
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: *Michael Wille*

Print name:	Date:
Michael Wille	08/03/19

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	10/3/19	Permit No.:	B2919-4151
Date Issued:		By:	clw
		Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15050 SW Davis rd	
City/State/ZIP: Beaverton Oregon 97007	
Suite/bldg./apt. no.:	Project name: Sickles
Cross street/directions to job site: W. of SW 150th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1s120aa03001	
DESCRIPTION OF WORK	
Demo of 720 sq ft home	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Robert Sickles	
Address: 15050 SW Davis Rd.	
City/State/ZIP: Beaverton Or 97007	
Phone: (503) 765-5745	Fax:
E-mail: marine_bob550@hotmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Powers Const & Consulting llc	
Contact name: Jamie Powers	
Address: 345 Edgewater rd	
City/State/ZIP: Gladstone Oregon 97027	
Phone: (503) 484-4011	Fax:
E-mail: jamiempowers@gmail.com	
CONTRACTOR	
Business name: Black Diamond Excavating	
Address: PO Box 293	
City/State/ZIP: Boring Or 97089	
Phone: (503) 936-0822	Fax:
CCB lic.: 192634	

Authorized signature:

Print name:

Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: \$500.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 10/1/19 Permit No.: B2019-4120
Date Issued: By:
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10029 SW Nimbus Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: Suite 23	Project name: Performance Wellness TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add one fire sprinkler head in office head.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Kaitlin Rowland	
Address: 9095 SW Burnham St	
City/State/ZIP: Portland, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: k.rowland@wyattfire.com	
CONTRACTOR	
Business name: Same as Applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	749
Existing building area:	square feet
New building area:	square feet 0
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: Kaitlin Rowland

Print name:	Date:
Kaitlin Rowland	10/01/19

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 09/05/2019

Permit No.: B2019-3744

Date Issued: 10-2-19

By: [Signature]

CITY OF BEAVERTON

Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7160 SW 142nd ave	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Lundeen Covered Deck
Cross street/directions to job site: sw barlow rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Build deck with covered structure over it. Widen door leading onto the deck by 8"	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW General Contracting	
Contact name: Alex Hooyman	
Address: 4417 sw lobelia st	
City/State/ZIP: Portland OR 97219	
Phone: (541) 337-2219	Fax:
E-mail: alex@nwgeneralcontracting.com	
CONTRACTOR	
Business name: NW General Contracting	
Address: 4417 sw lobelia st	
City/State/ZIP: Portland OR 97219	
Phone: (541) 337-2219	Fax:
CCB Lic.: 210107	

Authorized
signature:

Print name:	Date:
Alex Hooyman	09/04/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$5,300
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet 96
Deck area:	square feet 153
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$127.03
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Sun Room Add.

APPROVED

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 09/09/2019	Permit No.: B2019-3792
Date Issued: 09-10-19	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

BUILDING DIVISION

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	41,670
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet 100

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES

Please refer to fee schedule

Fees due upon application	\$493.97
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 14140 SW Paddock Ct.
City/State/ZIP: Beaverton, OR 97009
Suite/bldg./apt. no.: Project name: Bogle 6409
Cross street/directions to job site:

Subdivision: Paddock Ct. Lot no.: Lot 2
Tax map/parcel no.: 1S128CB14300

DESCRIPTION OF WORK

10' X10' SUNROOM ATTACHED TO HOUSE.

☒ PROPERTY OWNER☐ TENANT

Name: Kelly Bogle
Address: 14140 SW Paddock Ct.
City/State/ZIP: Beaverton, OR 97008
Phone: (503) 836-2638 Fax:
E-mail: Kellybogle@frontier.com

☒ APPLICANT☒ CONTACT PERSON

Business name: Champion Window
Contact name: Joe Burnett
Address: 13009 NE David Circle
City/State/ZIP: Portland, OR 97230
Phone: (360) 903-2241 Fax:
E-mail: joe.burnett@getchampion.com

CONTRACTOR

Business name: Champion Window
Address: 13009 NE David Circle
City/State/ZIP: Portland, OR 97230
Phone: (971) 334-8122 Fax:
CCB No.: 180343

Authorized
signature:

Print name:	Date:

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: DEC 21 2018	Permit No. B2018-6068
Date Issued: 10-2-19	By: [Signature]
CITY OF BEAVERTON	Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
5 JOB SITE INFORMATION AND LOCATION	
Job site address: 11360 SW CANYON ROAD	
City/State/ZIP: BEAVERTON, OR 94005	
Suite/bldg./apt. no.:	Project name: WINGSTOP
Cross street/directions to job site: SW CANYON ROAD & 217 FRONTAGE ROAD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S1-15AB, TAX LOT 500	
DESCRIPTION OF WORK	
FIRST GENERATION TENANT IMPROVEMENT FOR FAST FOOD RESTAURANT. SHELL BUILDING PERMIT #B216-3654	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: BRETT WILES	
Address: 23 VIA ANDAREMOS	
City/State/ZIP: SAN CLEMENTE, CA 92673	
Phone: (949) 521-3438	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: MICHAEL J. WILKUS, ARCHITECT	
Contact name: JIM SULTANY	
Address: 15 NINTH AVENUE NORTH	
City/State/ZIP: HOPKINS, MN 55343	
Phone: (952) 941-8660	Fax: (952) 941-2755
E-mail: JSS@WILKUSARCH.COM	
CONTRACTOR	
Business name: TBD A legis Construction	
Address: 12909 SW 68th PKY suite 170	
City/State/ZIP: Portland	
Phone: 503-427-6065	Fax: 503-427-6066
CCB lic.: 191668	

Authorized signature: [Signature]

Print name: Jim Sultany	Date: 11/20/18
-------------------------	----------------

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$175,000
Existing building area:	square feet 1,785
New building area:	square feet
Number of stories:	1
Type of construction:	II-B
Occupancy groups:	A2
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,971.49
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10-1-19 Permit No. B7019-4103
Date Issued: By:
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 160 SW 167th Ave	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Scarlata
Cross street/directions to job site: Sw 167th and Kattegat Dr	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
6.1kW Rooftop Solar PV. Interconnection at Main panel	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Neil Kelly Co	
Contact name: Zane Goff	
Address: 804 N Alberta St	
City/State/ZIP: Portland, OR 97217	
Phone: (503) 335-9218	Fax:
E-mail: zane.goff@neilkelly.com	
CONTRACTOR	
Business name: Neil Kelly Co	
Address: 804 N Alberta St	
City/State/ZIP: Portland, OR 97217	
Phone: (503) 335-9218	Fax:
CCB Lic.: 1663	
Authorized signature:	DocuSigned by: Zane Goff
Print name: E3BDAFC76A8E4E3...	Date: 09/30/20
Zane Goff	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	19,960
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Wunderland Laser Tag



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 8/12/2019	Permit No.: B2019-3448
Date Issued: 10-4-19	By: <i>[Signature]</i>
CITY OF BEAVERTON	
Payment Type: <i>check</i>	

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17235 NW Corridor Ct.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: Suite 150	Project name: Wunderland laser tag ren
Cross street/directions to job site: NW Cornell Rd to NW 173rd Ave to NW Corridor CT. See Vicinity map A1.0	
Subdivision: Cornell Home Center	Lot no.:
Tax map/parcel no.: 1N130DC00700	
DESCRIPTION OF WORK	
Renovate ex. 3,813sf Laser Tag Arena. remove ex. play structures, susp. ceiling & lights. Install new suspended Lights (Deferred). Reconfigure ex HVAC, sprinkler and fire alarm (Deferred). Install new laser tag play structures, extend drywall to roof.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: McKee Enterprises, Inc.	
Address: 16125 SE 98th Ave., Unit B	
City/State/ZIP: Clackamas, OR 97015	
Phone: (503) 238-8582	Fax:
E-mail: mckee@easystreet.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Kidd Panoscha Architecture & Design	
Contact name: Juergen Panoscha	
Address: 3435 NE 45th Ave., Suite B	
City/State/ZIP: Portland, OR 97213	
Phone: (503) 351-7923	Fax:
E-mail: juergen@kiddpanoscha.com	
CONTRACTOR	
Business name: The Harver Company	
Address: 10,000 Commerce Circle	
City/State/ZIP: Wilsonville, OR 97070	
Phone: (503) 624-1453	Fax:
CCB lic.: 64878	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 190,000.00
Existing building area:	square feet 12,902
New building area:	square feet 12,902
Number of stories:	one
Type of construction:	III-B fully sprinklered
Occupancy groups:	A-3 & A-1
Existing:	A-3 & A-1
New:	A-3 & A-1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Juergen Panoscha

Print name:

Juergen Panoscha

Date:

07/19/19

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10-4-19	Permit No.: 88019-4170
Date Issued: 10-11-19	By: HUZ
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14900 SW Barrows	
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: Cumble
Cross street/directions to job site: Murry & Barrows	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install 2 Horn strokes 1 stroke To existing system	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TEL COM	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TEL Communications Inc	
Contact name: Ross Breshaw	
Address: PO Box 87387	
City/State/ZIP: Vancouver WA 98687	
Phone: 3607379725	Fax: 3607379648
E-mail: Office @ TEL-communications.com	
CONTRACTOR	
Business name: TEL Communications Inc	
Address: PO Box 87387	
City/State/ZIP: Vancouver WA 98687	
Phone: 3607379725	Fax: 3607379648
CCB lic.: 67287	
Authorized signature: [Signature]	
Print name: Ross Breshaw	Date: 10-4-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$179.85
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 10/07/2019	Permit No.: B2019-4183
Date Issued: 10-7-19	By: [Signature]
Payment Type: VLSA	

CITY OF BEAVERTON

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Prescriptive New Solar Array
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17340 NW Bernard PL	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Gaddis, Karen
Cross street/directions to job site: 173rd St and Walker	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Prescriptive new Solar Array installation 4.38kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Karen Gaddis	
Address: 17340 NW Bernard PL	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 645-0659	Fax:
E-mail: alangaddis@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Dynamic Power Innovation	
Contact name: Josh Kopczynski	
Address: 20345 SW Pacific HWY Suite 103	
City/State/ZIP: Sherwood, OR 97140	
Phone: (503) 857-0099	Fax:
E-mail: permits@dpisolar.com	
CONTRACTOR	
Business name: Dynamic Power Innovation	
Address: 20345 SW Pacific HWY Suite 103	
City/State/ZIP: Sherwood, OR 97140	
Phone: (503) 857-0099	Fax:
CCB lic.: 185494	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$4,800
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$128.80
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

Josh Kopczynski

Date:

09/27/19

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2443 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...

OFFICE USE ONLY

Date Received: 5-10-2019 Permit No.: B2019-1993
Date Issued: 10/8/2019
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 12570 SW 1ST STREET
City/State/ZIP: BEAVERTON, OREGON 97005
Suite/bldg./apt. no.: Project name: KOYA SUSHI
Cross street/directions to job site: SW 1ST AND SW WATSON

Subdivision: Lot no.: 1A116AD04900
Tax map/parcel no.: R125750

DESCRIPTION OF WORK

TI TO CONVERT MVP DANCE STUDIO TO NEW SUSHI RESTAURANT

☐ PROPERTY OWNER

☒ TENANT

Name: KATHY KO
Address: 12570 SW 1ST STREET
City/State/ZIP: BEAVERTON, OR 97005
Phone: (858) 337-3724 Fax:
E-mail: KMP.KO.567@GMAIL.COM

☒ APPLICANT

☐ CONTACT PERSON

Business name: INK:BUILT ARCHITECTURE
Contact name: ANDREA WALLACE
Address: 2808 NE MLK JR BLVD, SUITE G
City/State/ZIP: 97212
Phone: (503) 740-8328 Fax:
E-mail: ANDREA@INKBUILTDDESIGN.COM

CONTRACTOR

Business name: SD HUTCHINSON LLC
Address: 7325 NE Public Dr. #123
City/State/ZIP: Hillsboro, OR 97124
Phone: 503 956-9772 Fax: sdhutchinson@gmail.com
CCB lic.: 197063

Authorized
signature:

Print name:

ANDREA WALLACE

Date:

05/09/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 90,000

Existing building area: square feet 5630

New building area: square feet 0

Number of stories: 1

Type of construction: III B

Occupancy groups:

Existing: A3

New: A2

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$1,303.57

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Approved

OFFICE USE ONLY

Date Received: 09/10/2019 Permit No.: B2019-3811
Date Issued: 10/01/2019
CITY OF BEAVERTON
BUILDING DIVISION
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 13979 SW Millikan Way
City/State/ZIP: Beaverton, OR 97005
Suite/bldg./apt. no.: Project name: Vernier Software & Tech
Cross street/directions to job site:
Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Install AES Radio

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name: Performance Systems Integrated

Contact name: Katie Harbaugh

Address: 7324 SW Durham Rd

City/State/ZIP: Portland, OR 97224

Phone: (503) 641-2222

Fax: (503) 641-1464

E-mail: katieh@psintegrated.com

CONTRACTOR

Business name: Performance Systems Integrated

Address: 7324 SW Durham Rd

City/State/ZIP: Portland, OR 97224

Phone: (503) 641-2222

Fax: (503) 641-1464

CCB lic.: 227526

Authorized
signature:

Print name:

Katie Harbaugh

Date:

09/09/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$1,068.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

\$36.44

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	Permit No. 52019-4208
Date issued: 10/8/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7320 SW 142ND	
City/State/ZIP: BEAVERTON OREGON	
Suite/bldg./apt. no.:	Project name: CHAPMAN KITCHEN
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Removal of wall between kitchen and dining room.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: RANDY CHAPMAN	
Address: 7320 SW 142ND	
City/State/ZIP: BEAVERTON OREGON	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: GARY CHRISTENSON CONSTRUCTION	
Contact name: GARY CHRISTENSON	
Address: 25225 S SPRINGWATER RD	
City/State/ZIP: ESTACADA OREGON 97023	
Phone: (503) 807-5813	Fax:
E-mail: christgar74@gmail.com	
CONTRACTOR	
Business name: GARY CHRISTENSON CONSTRUCTION	
Address: 25225 S SPRINGWATER RD	
City/State/ZIP: ESTACADA OREGON 97023	
Phone: (503) 807-5813	Fax:
CCB lic.: 219468	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	8000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	365.15
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
GARY CHRISTENSON	09/29/29

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 8-23-19	Permit No.: B2019-3605
Date Issued: 10-8-19	By: ML
	Payment Type: AMK

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 16480 SW SUMAC ST
City/State/ZIP: BEAVERTON, OR 97007
Suite/bldg./apt. no.:
Project name:

Cross street/directions to job site:

Subdivision:
Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

DECK REPLACEMENT

☒ PROPERTY OWNER

☐ TENANT

Name: DOUG HOY
Address: 16480 SW SUMAC ST
City/State/ZIP: BEAVERTON, OR 97007
Phone:
Fax:
E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:
Fax:

E-mail: Mcaylward@gmail.com

CONTRACTOR

Business name: CREATIVE FENCES & DECKS

Address:

City/State/ZIP:

Phone:
Fax:

CCB lic.: 147483

Authorized signature:

Print name: MICHAEL AYLMER

Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 30,000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 3

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 10/04/2019 Permit No.: B2019-4156
Date Issued: 10/11/2019
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☐ Addition/alteration/replacement ☒ Other: sign installation

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 4590 SW Watson Ave
City/State/ZIP: Beaverton Oregon 97005
Suite/bldg./apt. no.: Project name: Lionheart projecting sign
Cross street/directions to job site: SW 1st St and Watson Ave

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

installation of a new internally illuminated projecting sign

☐ PROPERTY OWNER ☒ TENANT

Name: Ben and Lauren Reese
Address: 4590 SW Watson Ave
City/State/ZIP: Beaverton Oregon 97005
Phone: (503) 803-3089 Fax:
E-mail: lauren@lionheartcoffee.com

☒ APPLICANT ☐ CONTACT PERSON

Business name: Ramsay Signs
Contact name: Christopher Brown
Address: 9160 SE 74th Ave
City/State/ZIP: Portland, OR 97206
Phone: (503) 777-4555 Fax: (503) 777-0220
E-mail: cbrown@ramsaysigns.com

CONTRACTOR

Business name: Ramsay Signs
Address: 9160 SE 74th Ave
City/State/ZIP: Portland, OR 97206
Phone: (503) 777-4555 Fax: (503) 777-0220
CCB lic.: 63422

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: square feet
Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application 391.17
Amount received
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name: Christopher Brown Date: 10/03/19

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10/7/2019 Permit No.: B2019-4185
Date Issued: 10/9/2019
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☐ Addition/alteration/replacement ☒ Other: sign installation

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 4545 SW Angel Ave
City/State/ZIP: Beaverton Oregon 97005
Suite/bldg./apt. no.: 170 Project name: raindrop blade sign
Cross street/directions to job site: SW Farmington Rd and Main St

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

installation of a new blade sign with exterior neon

☐ PROPERTY OWNER

☒ TENANT

Name: Mark Foster
Address: 4545 SW Angel Ave Suite 170
City/State/ZIP: Beaverton Oregon 97005
Phone: (971) 865-0227 Fax:
E-mail: raindroptaphouse@gmail.com

☐ APPLICANT

☐ CONTACT PERSON

Business name: Ramsay Signs
Contact name: Christopher Brown
Address: 9160 SE 74th Ave
City/State/ZIP: Portland, OR 97206
Phone: (503) 777-4555 Fax: (503) 777-0220
E-mail: cbrown@ramsaysigns.com

CONTRACTOR

Business name: Ramsay Signs
Address: 9160 SE 74th Ave
City/State/ZIP: Portland, OR 97206
Phone: (503) 777-4555 Fax: (503) 777-0220
CCB lic.: 63422

Authorized
signature:

Print name: Christopher Brown Date: 10/07/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 6018.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$360.72

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10/07/2019 Permit No.: B2019-4177
Date Issued: 10/9/2019
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☐ Addition/alteration/replacement ☒ Other: sign installation

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☒ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 12570 SW Farmington Rd
City/State/ZIP: Beaverton Oregon 97005
Suite/bldg./apt. no.: Project name: GOAD projecting sign
Cross street/directions to job site: SW Farmington and Washington
Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Installation of a new blade sign with neon

☒ PROPERTY OWNER

☐ TENANT

Name: Myong-Hui Murphy
Address: 12750 SW Farmington Rd.
City/State/ZIP: Beaverton Oregon 97005
Phone: (503) 502-2827 Fax:
E-mail: murphymh63@gmail.com

☐ APPLICANT

☐ CONTACT PERSON

Business name: Ramsay Signs
Contact name: Christopher Brown
Address: 9160 SE 74th Ave
City/State/ZIP: Portland, OR 97206
Phone: (503) 777-4555 Fax: (503) 777-0220
E-mail: cbrown@ramsaysigns.com

CONTRACTOR

Business name: Ramsay Signs
Address: 9160 SE 74th Ave
City/State/ZIP: Portland, OR 97206
Phone: (503) 777-4555 Fax: (503) 777-0220
CCB lic.: 63422

Authorized
signature:

Print name: Christopher Brown Date: 10/03/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number, of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: square feet
Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

\$6,670.00

Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$138.74
Amount received
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 10/04/2019 Permit No.: B2019-4158
Date Issued: 10/19/2019
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: Sign Installation
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4570 SW Watson Ave	
City/State/ZIP: Beaverton Oregon 97005	
Suite/bldg./apt. no.:	Project name: Big's Chicken Sign Instal
Cross street/directions to job site: 1st and Watson	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of a new neon projecting sign	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Benjamin Dyer	
Address: 4570 SW Watson Ave	
City/State/ZIP: Beaverton Oregon 97005	
Phone: (503) 706-4215	Fax:
E-mail: ben@yourneighborhoodrg.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Ramsay Signs	
Contact name: Christopher Brown	
Address: 9160 SE 74th Ave	
City/State/ZIP: Portland, OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
E-mail: cbrown@ramsaysigns.com	
CONTRACTOR	
Business name: Ramsay Signs	
Address: 9160 SE 74th Ave	
City/State/ZIP: Portland, OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
CCB lic.: 63422	

Authorized
signature:

Print name:	Date:
Christopher Brown	10/03/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$6,830.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$360.72

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	Permit No. B2019-4209
Date Issued: 10/8/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3280 SW 170th Buildings 3, 1, 25, 28	
City/State/ZIP: Beaverton, OR 97003	
Suite/bldg./apt. no.: 3, 1, 25, 28	Project name: Property Re-Hab
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove concrete tiles & Gyp Decking, Replace w/ Sheathing and Shingle Roof, Install vents as needed	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Morrison Construction LLC	
Contact name: Sean Wagner	
Address: 10505 SW Barber Blvd suit 302	
City/State/ZIP: Portland, OR 97214	
Phone: 771-400-1288	Fax:
E-mail: sean@Morrisonconstructionllc.com	
CONTRACTOR	
Business name: Morrison Construction LLC	
Address: 10505 SW Barber Blvd suit 302	
City/State/ZIP: Portland, OR 97214	
Phone: 971 400 1288	Fax:
CCB lic.: 189900	

Authorized signature:	Date: 10/8/2019
Print name: Sean Wagner	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 111,000.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,666.91
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Approved

OFFICE USE ONLY

Date Received: 10/02/2019	Permit No.: B2019-4137
Date Issued: 10/10/2019	Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14790 SW Scholls Ferry Rd	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Seven West at the Trails
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install new cell dialer for communication	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Performance Systems Integrated	
Contact name: Katie Harbaugh	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 641-2222	Fax: (503) 641-1464
E-mail: katieh@psintegrated.com	
CONTRACTOR	
Business name: Performance Systems Integrated	
Address: 7324 SW Durham Rd	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 641-2222	Fax: (503) 641-1464
CCB lic.: 227526	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1650.90
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$46.51
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
Katie Harbaugh	10/02/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Bi-Amp FS

Clear Form



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 8/30/2019	Permit No.: B2019-3711
Date Issued: 10-10-19	By: MC
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9300 SW Gemini Drive	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Biamp Systems TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add and Relocate Fire Sprinkler heads for TI	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Ronin Campbell	
Address: 9095 SW Burnham St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: r.campbell@wyattfire.com	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	1930
Existing building area:	square feet
New building area:	square feet 0
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: **Ronin Campbell**

Print name:	Date:
Ronin Campbell	08/29/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

APPROVED

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 7.31.19	Permit No.: B2019-3274
Date Issued:	By:
	Payment Type:

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG-8

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 14605 SW Weir Road
City/State/ZIP: Beaverton, OR 97007
Suite/bldg./apt. no.: Project name: SW Bible Church
Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Fire Alarm

☐ PROPERTY OWNER

☒ TENANT

Name: SW Bible Church - Youth Wing

Address: 14605 SW Weir Road

City/State/ZIP: Beaverton, OR 97007

Phone: Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Point Monitor Corp.

Contact name: Brooke Williams

Address: 5863 Lakeview Blvd. #100

City/State/ZIP: Lake Oswego, OR 97035

Phone: (503) 627-0100 Fax:

E-mail: bwilliams@pointmonitor.com

CONTRACTOR

Business name: Point Monitor Corp.

Address: 5863 Lakeview Blvd. #100

City/State/ZIP: Lake Oswego, OR 97035

Phone: (503) 627-0100 Fax:

CCB lic.: 135901

Authorized signature:

Print name:

Ben Breit

Date:

07/26/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

\$44,767

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...



Development Department
Building Division
10000 SE Division Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 6/27/2019	Permit No.: B2019-2798
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14600 SW Sexton Mountain Road	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: AT&T Sexton Mtn
Cross street/directions to job site: see sheet T-1	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S129AD00100	
DESCRIPTION OF WORK	
Modifications to an existing wireless communication facility: replace (3) RRHs; Install (3) repeaters, (3) diplexers, (1) surge suppressor, (3) DC trunks, (1) fiber trunk	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: AT&T	
Address: 19801 SW 72nd Ave	
City/State/ZIP: Tualatin, OR 97062	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Crown Castle on behalf of AT&T	
Contact name: Amanda Nations	
Address: 1505 Westlake Ave N, Suite 800	
City/State/ZIP: Seattle, WA 98109	
Phone: (206) 336-2889	Fax:
E-mail: amanda.nations.contractor@crowncastle.com	
CONTRACTOR	
Business name: Legacy Wireless Services Inc	
Address: 15580 SE For Mor Ct.	
City/State/ZIP: Clackamas OR 97015	
Phone: 503-656-5300	Fax:
CCB lic.: 150432	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	10,000
Existing building area:	square feet 60
New building area:	square feet 60
Number of stories:	N/A. 60' monopole
Type of construction:	II-B
Occupancy groups:	
Existing:	U
New:	U
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>Amanda Nations</i>	Date: 6/26/19
Print name: AMANDA NATIONS	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV W38...



Development Department
Building Division
25 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 05/22/2019	Permit No.: B2019-2177
Date Issued:	By:
Payment Type:	

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11350 SW Canyon Rd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Beaverton Mixed Use
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installing new NFPA13 system to shell only.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Edge Development	
Address: 735 SW 20th Place, Suite 220	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 292-7733	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: AFP Systems, Inc.	
Contact name: Breanna Ripple	
Address: 19435 SW 129th Ave	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax:
E-mail: breanna@afpsys.com	
CONTRACTOR	
Business name: AFP Systems, Inc.	
Address: 19435 SW 129th Ave	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax:
CCB lic.: 67534	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$34,125
Existing building area:	square feet NA
New building area:	square feet 13,540
Number of stories:	Two
Type of construction:	V-B
Occupancy groups:	A-2, B, F-1, and M
Existing:	NA
New:	See Above
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$279.24
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date:
Print name: Breanna Ripple	05/20/19

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG-8...

Development Department
Building Division
1100 N. Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 04/23/2019	Permit No.: B2019-1659
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6125 SW HALL BLVD	
City/State/ZIP: Beaverton, OR, 97005	
Suite/bldg./apt. no.:	Project name: Beaverton Public Safety
Cross street/directions to job site: SW Allen Blvd & SW Hall Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Fire Sprinkler System	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: City of Beaverton Police Department	
Address: 4755 SW Griffith Drive	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 526-2289	Fax:
E-mail: eoathes@beavertonoregon.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Cosco Fire Protection	
Contact name: Joseph Kuhn	
Address: 2501 SE Columbia Way, Suite 100	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 883-6383	Fax:
E-mail: jkuhn@coscofire.com	
CONTRACTOR	
Business name: Cosco Fire Protection	
Address: 2501 SE Columbia Way, Suite 100	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 883-6383	Fax:
CCB lic.: 67508	

Authorized signature: *[Signature]*

Print name: Joseph Kuhn	Date: 04/22/19
-------------------------	----------------

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$294,541
Existing building area:	square feet
New building area:	square feet 74,790
Number of stories:	3
Type of construction:	V-B
Occupancy groups:	4 total: B, A-3, S-2, I-3
Existing:	
New:	4 total: B, A-3, S-2, I-3
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 1/29/2019	Permit No: B2019-3200
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16039 SW Waxwing Way,	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Robert Wood
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PV ROOF MOUNT	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Robert Wood	
Address: 16039 SW Waxwing Way,	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503 579 2444	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SolarCity Corp. dba TESLA	
Contact name: Melissa Farias	
Address: 6132 NE 112th Ave	
City/State/ZIP: Portland OR 97220	
Phone: (503) 894-6903	Fax:
E-mail: Melissa.Farias@SolarCity.com	
CONTRACTOR	
Business name: SolarCity Corp. dba TESLA	
Address: 6132 NE 112th Ave	
City/State/ZIP: Portland OR 97220	
Phone: (503) 894-6903	Fax:
CCB No.: 180498	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	8000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	207.20
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: <i>Mfarias</i>	Date: 07.22.19
Print name: Melissa Farias	



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	Permit No. B20PT-3142
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Rooftop Solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13555 SW 3rd Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Glickman
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Rooftop Solar Project	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Terry Glickman	
Address: 13555 SW 3rd Street	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 644-7076	Fax:
E-mail: terryglickman@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Prestige Power Systems LLC	
Contact name: Tamara Manzo	
Address: 13479 SE Rolling Meadows Drive	
City/State/ZIP: Happy Valley, OR 97086	
Phone: (503) 498-1843	Fax:
E-mail: tmanzo@prestigepowersystems.com	
CONTRACTOR	
Business name: Prestige Power Systems LLC	
Address: 13479 SE Rolling Meadows Drive	
City/State/ZIP: Happy Valley, OR 97086	
Phone: (503) 498-1843	Fax:
CCB lic.: 206095	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	9424
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name: Tamara Manzo	Date: 07/15/19
---------------------------------	-----------------------

ELECTRONIC SUBMITTAL
SEE 1:BLDG DIV WG-8...



Permit Application
Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Arctic Drive Warehouse Racking

RECEIVED

#2

OFFICE USE ONLY

Date Received: 8/6/2019	Permit No. B2019-3353
Date Issued:	By:
CITY OF BEAVERTON Payment Type:	

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5825 SW Arctic Circle	
City/State/ZIP: Beaverton, OR 97005	
Sublet/bldg./apt. no.:	Project name: VSI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding 18 bays of racking to existing warehouse area	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Earl and Brown	
Address: 5825 SW Arctic Circle	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 924-5962	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Northwest Handling Systems	
Contact name: Jonathan Ridens	
Address: 18008 NE Airport Way	
City/State/ZIP: Portland, OR 97230	
Phone: (503) 488-9317	Fax:
E-mail: jonathanr@nwhs.com	
CONTRACTOR	
Business name: B and B Installation	
Address: 14401 S Glen Oka Rd	
City/State/ZIP: Oregon City, OR 97045	
Phone: (503) 722-8155	Fax:
CCB lic.: 067419	

Authorized signature:

Jonathan Ridens

Date:

08/05/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

6000

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

ELECTRONIC SUBMITAL Permit Application

SEE 1:BLDG DIV WG.8



City of Beaverton Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 8/2/2019

Permit No.: B2019-3327

Date Issued:

By:

CITY OF BEAVERTON

Payment Type:

BUILDING DIVISION

TYPE OF WORK

☐ New construction☐ Demolition☐ Addition/alteration/replacement☒ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling☐ Commercial/industrial☐ Accessory building☐ Multi-family☐ Master builder☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15385 SW Gleneden

City/State/ZIP: Beaverton, Oregon 97007

Suite/bldg./apt. no.:

Project name: LE FOUNDATION REPAIR

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Voluntary repair to existing foundation.

☒ PROPERTY OWNER☐ TENANT

Name: Bao Le

Address: 15385 SW Gleneden

City/State/ZIP: Beaverton, Or. 97007

Phone:

Fax:

E-mail:

☒ APPLICANT☒ CONTACT PERSON

Business name: Ram Jack West

Contact name: Jami

Address: 682 Bethel Dr.

City/State/ZIP: Eugene, OR. 97402

Phone: 541-852-5136

Fax:

E-mail: jami@ramjackwest.com

CONTRACTOR

Business name: Ram Jack West

Address: P.O. Box 11701

City/State/ZIP: Eugene, OR. 97440

Phone: 541-636-9922

Fax:

CCB lic.: 146906

Authorized signature:

Print name: Jami Daves

Date: 08/02/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: \$30,050.00

Number of bedrooms: 0

Number of bathrooms: 6

Total number of floors: 0

New dwelling area: 6 square feet 0

Garage/carport area: 0 square feet 6

Covered porch area: 0 square feet 0

Deck area: 0 square feet 0

Other structure area: 6 square feet 0

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 8.20.19	Permit No.: B2091-3531
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9300 SW Nimbus Ave	
City/State/ZIP: Beaverton, Or, 97008	
Suite/bldg./apt. no.:	Project name: 9300 SW Nimbus TI
Cross street/directions to job site: SW Scholls Ferry Rd. Drive to SW Nimbus Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove 5 notification devices during construction. Reinastall once new dceillings are in. Open area ceiling to be raised 6".	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Vesta Corp	
Address: 5400 Meadows Rd 5th floor	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 790-2500	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Fire Systems West	
Contact name: Walt Ovenstone	
Address: 600 Se Maritime Ave	
City/State/ZIP: Vancouver, Wa, 98661	
Phone: (360) 693-9906	Fax:
E-mail: walto@firesystemswest.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 49732	

Authorized signature:

Print name: WALT OVENSTONE	Date: 8/19/19
----------------------------	---------------

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,700
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 8-20-19

Permit No.: B2019-3534

Date Issued:

By:

Payment Type:

TYPE OF WORK

☐ New construction

☐ Demolition

☐ Addition/alteration/replacement

☒ Other: Seismic Upgrade

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 10750 SW Denney Road Bldg #1

City/State/ZIP: Beaverton, Oregon

Suite/bldg./apt. no.:

Project name: Denney Road Bldg 1

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Seismic Upgrade

☒ PROPERTY OWNER

☐ TENANT

Name: Denney Road Industrial Park, LLC

Address: 1121 SW Salmon Suite 500

City/State/ZIP: Portland, Oregon 97201

Phone: 503.242.2900

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: VLMK Engineering + Design

Contact name: Jennifer Kimura

Address: 3933 SW Kelly Ave

City/State/ZIP: Portland, OR 97239

Phone: 503.222.4453

Fax:

E-mail: jenniferk@vlmk.com

CONTRACTOR

Business name: Perlo Construction

Address: 16101 SW 72nd #200

City/State/ZIP: Portland, OR 97224

Phone: 503.624.2090

Fax:

CCB lic.: 189245

Authorized
signature:

Print name: Jennifer Kimura

Date: 8-13-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$150,000

Existing building area: square feet 33,600

New building area: square feet

Number of stories: 1

Type of construction: IIIB

Occupancy groups:

Existing: S-1

New: B

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

\$1,083.84

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

PV SOLAR (SFD)

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 09/27/2019	Permit No.: B2019-4060
Date Issued:	By:
Payment Type:	

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13890 SW Bonnie Brae St.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation and hook up of roof-mount 4.5kW solar system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Robert Cherry	
Address: 13890 SW Bonnie Brae St.	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 709-5997	Fax:
E-mail: goldencherrys@comcast.net	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Green Ridge Solar	
Contact name: Hilary Conway	
Address: 19450 SW Mohave Ct.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 395-1943	Fax:
E-mail: operations@greenridgepower.com	
CONTRACTOR	
Business name: Green Ridge Solar	
Address: 19450 SW Mohave Ct.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 395-1943	Fax:
CCB lic.: 210450	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	18,000
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$267.56
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

Hilary Conway

Date:

09/10/19

STF ADD/ALT

APPROVED

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: 09/24/2019	Permit No.: B2019-4006
Date Issued:	By:
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4995 SW MAIN AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPAIR EXISTING FRONT PORCH AND STAIRS. NEW FOOTINGS, FRAMING, DECK SURFACE.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: KIMBERLY CARICK	
Address: 5323 NE GARFIELD AVE	
City/State/ZIP: PORTLAND, OR 97211	
Phone: 503-915-4859	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: GREEN LIGHT CONSTRUCTION	
Contact name: MAXWELL RUSH	
Address: 4705 NE MALLORY AVE	
City/State/ZIP: PORTLAND, OR 97211	
Phone: 503-515-2315	Fax:
E-mail: PROJECTS.GLIGHT@GMAIL.COM	
CONTRACTOR	
Business name: GREEN LIGHT CONSTRUCTION	
Address: 4705 NE MALLORY AVE	
City/State/ZIP: PORTLAND, OR 97211	
Phone: 503-515-2315	Fax:
CCB lic.: 168289	
Authorized signature:	
Print name: MAXWELL RUSH	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	18,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed under the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$197.51
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/1

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	Permit No B2019-3846
Date Issued:	By:
	Payment Type:

TYPE OF WORK

- | | |
|--|--|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input checked="" type="checkbox"/> Other: Solar PV System |

CATEGORY OF CONSTRUCTION

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 16935 Southwest Kattegat Drive, Beaverton, Oregon, 97006, United States

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Residential Rooftop Solar PV System 3.41 kW

☒ PROPERTY OWNER

☐ TENANT

Name: Ron Hall

Address: 16935 Southwest Kattegat Drive, Beaverton, Oregon, 97006, Uniter

City/State/ZIP:

Phone: 7735805821

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Blue Raven Solar LLC

Contact name: Ariel Randall

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

E-mail: permitting.department@blueravensolar.com

CONTRACTOR

Business name: Blue Raven Solar LLC

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

CCB lic.: 210112

Authorized
signature:

Jeff Lee

Print name:

Jeff Lee

Date:

08/20/2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$8,240.41

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application 128.80

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	Permit No.: B2019-3842
Date Issued:	By:
	Payment Type:

TYPE OF WORK

<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar PV System

CATEGORY OF CONSTRUCTION

<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 16670 Northwest Mission Oaks Dr, Beaverton, Oregon, 97006, United States

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision: Five oaks/triple creek

Lot no.:

Tax map/parcel no.: 1N131DA10600

DESCRIPTION OF WORK

Residential Rooftop Solar PV System 6.2 kW

☒ PROPERTY OWNER

☐ TENANT

Name: Cynthia Pixley

Address: 16670 Northwest Mission Oaks Dr, Beaverton, Oregon, 97006, Unit

City/State/ZIP:

Phone: 503-690-0730

Fax:

E-mail: cnpixley@gmail.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Blue Raven Solar LLC

Contact name: Hannah Webb

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

E-mail: permitting.department@blueravensolar.com

CONTRACTOR

Business name: Blue Raven Solar LLC

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

CCB lic.: 210112

Authorized
signature:

Print name:

Jeff Lee

Date:

08/27/2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$12,492

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

\$207.20

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG-8



Community Development Department
Building Division
1225 SW Milken Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 8/6/2019	Permit No.: B2019-3359
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14155 SW Deer Lane	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Kolp Remodel
Cross street/directions to job site: Davies and Scholls Ferry near Murray	
Subdivision: Mulhausen	Lot no.: 6
Tax map/parcel no.: 1S133BC01300	
DESCRIPTION OF WORK	
Remodel including a new roof and building out of the second story to include two new bedrooms, laundry room, and a bonus room. Also adding a breakfast nook, which will result in a reduction in deck area. The kitchen and bathrooms will not be renovated.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Danielle and Ryan Kolp	
Address: 14155 SW Deer Lane	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 999-7851	Fax:
E-mail: dcoteschiff@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Danielle and Ryan Kolp	
Address: 14155 SW Deer Lane	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 999-7851	Fax:
E-mail: dcoteschiff@gmail.com	
CONTRACTOR	
Business name: Blair Built, LLC	
Address: 4386 Rowan Ave N	
City/State/ZIP: Keizer, OR 97303	
Phone: (503) 508-1515	Fax:
CCB lic.: 217675	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$130,000
Number of bedrooms:	2
Number of bathrooms:	0
Total number of floors:	2
New dwelling area:	square feet 1300
Garage/carport area:	square feet 0
Covered porch area:	square feet 0
Deck area:	square feet -50
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
Print name:	
Danielle and Ryan Kolp	08/05/20



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 09/09/2019

Permit No.: B2009-3813

Date Issued:

By:

CITY OF BEAVERTON

Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8710 SW Maverick Terrace	
City/State/ZIP: Beaverton/OR/97008	
Suite/bldg./apt. no.:	Project name: Cottrell
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of 4.48kW solar photovoltaic system	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Carlton Cottrell	
Address: 8710 SW Maverick Terrace	
City/State/ZIP: Beaverton, OR 97008	
Phone: 5039397881	Fax:
E-mail: carltoncottrell@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Imagine Energy	
Contact name: Heath Kearns	
Address: 7001 NE Columbia Blvd	
City/State/ZIP: Portland, OR 97218	
Phone: 5419122390	Fax:
E-mail: H.Kearns@imagineenergy.net	
CONTRACTOR	
Business name: Imagine Energy	
Address: 7001 NE Columbia Blvd	
City/State/ZIP: Portland, OR 97008	
Phone: 5419122390	Fax:
CCB lic.: 167963	

Authorized
signature:

Print name:

Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$14,500

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	Permit No.: B70091-35580
Date Issued:	By:
	Payment Type:

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 15000 sw barrows rd
City/State/ZIP: Beaverton Oregon
Suite/bldg./apt. no.: 2002 Project name: Begin Labs
Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

add 5 pendent heads to accommodate for new office construction. add 3 upright sprinkler heads to accommodate for new hvac and new wall.

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Western States Fire Protection

Contact name: Alex Webb

Address: 17500 sw 65th ave

City/State/ZIP: lake oswego OR 97035

Phone: (641) 645-5099

Fax:

E-mail: alex.webb@wsfp.us

CONTRACTOR

Business name: Western States Fire Protection

Address: 17500 sw 65th ave

City/State/ZIP: lake oswego OR 97035

Phone: (641) 645-5099

Fax:

CCB lic.: 104570

Authorized signature: Alex Webb

Print name:

Alex Webb

Date: 8/21/19

08/21/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 3480

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	Permit No. B2019-4255
Date Issued: 10/11/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Deck
JOB SITE INFORMATION AND LOCATION	
Job site address: 14740 SW Forest Dr	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Deck 1335
Cross street/directions to job site: SW Forest Drive & SW Hart Rd	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S120DAD7800	
DESCRIPTION OF WORK	
Demo existing deck and build new deck of same dimensions (9'x18') with max height 60" above grade. PT Framing, trex deck boards	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jennifer Oh	
Address: 14740 SW Forest Dr	
City/State/ZIP: Beaverton, OR 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MTR construction, LLC	
Contact name: Jennifer Parks	
Address: 100100 NE Elisan St	
City/State/ZIP: Portland, OR 97213	
Phone: 503 709 8085	Fax:
E-mail: jennifer@mtrconstruction.org	
CONTRACTOR	
Business name: MTR Construction, LLC	
Address: 100100 NE Elisan St	
City/State/ZIP: Portland, OR 97213	
Phone: 503 709 8085	Fax:
CCB lic.: 218013	
Authorized signature: [Signature]	
Print name: Jennifer Parks	Date: 10/10/2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$7,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	152 square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	360.72
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10/07/2019 Permit No.: B2019-4181
Date Issued: 10-11-19 By: MC
Payment Type: MC

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK

- ☐ New construction ☐ Demolition
☐ Addition/alteration/replacement ☒ Other: Solar PV System

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 17700 NW Pioneer Rd, BEAVERTON, Oregon, 97006, United States

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.: 1N131CD9500

DESCRIPTION OF WORK

Residential Rooftop Solar PV System 4.41 kW

☒ PROPERTY OWNER

☐ TENANT

Name: Carlos Nieva-Lozano

Address: 17700 NW Pioneer Rd, BEAVERTON, Oregon, 97006, United State

City/State/ZIP:

Phone: 971-227-5933

Fax:

E-mail: carlosfnieva@gmail.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Blue Raven Solar LLC

Contact name: Hannah Webb

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

E-mail: permitting.department@blueravensolar.com

CONTRACTOR

Business name: Blue Raven Solar LLC

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

CCB lic.: 210112

Authorized
signature:

Print name:

Jeff Lee

Date:

10/03/2019

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$11,282

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$128.80

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	Permit No. B2019-4260
Date Issued: 10/11/2019	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4925 SW Angel Avenue	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: Suite 110	Project name: Hamilton Bldg, Ste 110
Cross street/directions to job site: SW Corner of the intersection of SW 4th Street and SW Angel Avenue	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Architectural and MEP improvements to existing restaurant space to facilitate needs of new tenant	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DeBraTre, LLC.	
Address: P.O. Box 751	
City/State/ZIP: Beaverton, OR 97075	
Phone: (971) 404-4314	Fax:
E-mail: novellasbeautysupply@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Paradigm Construction, LLC.	
Contact name: Chris Mullin	
Address: 10260 SW Greenburg Road, Ste 400	
City/State/ZIP: Portland, OR 97223	
Phone: (503) 209-3976	Fax: (503) 452-6923
E-mail: cmullin@paradigmconstruct.com	
CONTRACTOR	
Business name: Paradigm Construction, LLC.	
Address: 10260 SW Greenburg Road, Ste 400	
City/State/ZIP: Portland, OR 97223	
Phone: (503) 209-3976	Fax: (503) 452-6923
CCB lic.: 186506	
Authorized signature:	Date:
Print name: Chris Mullin	10/10/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$68,744

Existing building area: square feet 648

New building area: square feet

Number of stories: 1

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application 2,178.43

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10-14-19	Permit No.: B2019-4233
Date Issued: 10-14-19	By: MK
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3720 W 141st	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Bldg Plaza
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-Roof	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Commercial Roofing Solutions	
Contact name: Chris Peterson	
Address: 9353 SE Alameda Dr #3	
City/State/ZIP: Clackamas, OR 97015	
Phone: 503 516-5148	Fax:
E-mail: dan@commercialroofingsolutions.com	
CONTRACTOR	
Business name: Commercial Roofing Solutions	
Address: 9353 SE Alameda Dr #3	
City/State/ZIP: Clackamas, OR 97015	
Phone:	Fax:
CCB lic.: 214417	
Authorized signature: [Signature]	
Print name: Chris Peterson	Date: 10/14/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$60,880

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$1,090.23
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Renu Chiropractic

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 08/28/2019 Permit No.: B2019-3654
Date Issued: 10-15-19 By: *RL*
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 3615 SW Hall Boulevard
City/State/ZIP: Beaverton, OR 97005
Suite/bldg./apt. no.: Project name: Renu Chiropractic
Cross street/directions to job site: Cedar Hills Boulevard
Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Add a remote power supply with strobes and horn/strobes to the existing fire detection and alarm system.

☒ PROPERTY OWNER

☐ TENANT

Name:
Address:
City/State/ZIP:
Phone: Fax:
E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name: DTS Systems, Inc.
Contact name: Bud Allbee
Address: 7905 SW Nimbus Avenue
City/State/ZIP: Beaverton, OR 97008
Phone: (503) 643-3127 Fax: (503) 643-6194
E-mail: bud@dtssystemsinc.com

CONTRACTOR

Business name: DTS Systems, Inc.
Address: 7905 SW Nimbus Avenue
City/State/ZIP: Beaverton, OR 97008
Phone: (503) 643-3127 Fax: (503) 643-6194
CCB Lic.: 134056

Authorized
signature:

Print name: Date:
Bud Allbee 08/23/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number. of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

4,560.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$258.64
Amount received
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	10/3/19	Permit No.:	B32019-4142
Date Issued:	10-15-19	By:	ML
		Payment Type:	VSL

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3925 SW Rose Biggs Ave -	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: FRENCHIES
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INSTALL 1 SET OF CHANNEL LETTERS ON A RACEWAY, MOUNT TO THE CANOPY.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: KESCOE NESTBARE LLC.	
Address: 1 TOWN CENTER RD. # 600	
City/State/ZIP: BOCA RATON, FL 33486	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: MEYER SIGN CO. OF OREGON	
Contact name: Tony McCormick	
Address: 15205 S.W. 74TH AVE.	
City/State/ZIP: TITLAND, OR 97224	
Phone: 971-232-5021	Fax:
E-mail: PERMITS@MEYERSIGNCO.COM	
CONTRACTOR	
Business name: MEYER SIGN CO. OF OREGON	
Address: 15205 S.W. 74TH AVE.	
City/State/ZIP: TITLAND, OR 97224	
Phone: 971-232-5021	Fax:
CCB lic.: 64014	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 3000.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 8-15-19	Permit No.: B2019-3489
Date Issued: 10-10-19	By: HUE
	Payment Type: Visa

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 8125 SW CASCADE SQ. AVE
City/State/ZIP: BEAVERTON OR 97008
Suite/bldg./apt. no.: 500-506 Project name: SUITE 500-506 TI
Cross street/directions to job site:
SW HALL BLVD.

Subdivision: S127A D00102 Lot no.: 180
Tax map/parcel no.:

DESCRIPTION OF WORK

SUITE 500: ADD (2) OFFICES, (3) SMALL CONFERENCE ROOMS, (2) STORAGE ROOMS AND A LOBBY. RELOCATE KITCHEN AND ENCLOSE (2) LARGER OPEN OFFICE SPACES. SUITE 506: RECONFIGURE (E) OFFICES

☒ PROPERTY OWNER

☐ TENANT

Name: HARSCH INV. PROPERTIES
Address: 1430 SW BROADWAY
City/State/ZIP: PORTLAND OR 97201
Phone: 503 242-2900 Fax:
E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name: INK BUILT
Contact name: MELYNDA RETALLACK
Address: 2808 NE MLK JR BLVD. STE G
City/State/ZIP: PORTLAND OR 97212
Phone: 503-701-5277 Fax:
E-mail: mel@inkbulldesign.com

CONTRACTOR

Business name: PACIFIC CREST STRUCTURES
Address: 17750 SW UPPER BOONES FERRY RD #190
City/State/ZIP: DURHAM OR 97224
Phone: 503-968-7509 Fax:
CCB lic.: 66915

Authorized signature:

Print name:

Date: 08/12/2019

MELYNDA RETALLACK

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$172,450

Existing building area: 96,620 square feet

New building area: 0 square feet

Number of stories: 6

Type of construction: 1B

Occupancy groups:

Existing: B M S

New: N/A

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Approved

RECEIVED

OFFICE USE ONLY

Date Received: 09/27/2019	Permit No.: B2019-4066
Date Issued: 10-16-19	By: <i>HL</i>
CITY OF BEAVERTON	Payment Type: <i>Check</i>

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11703 SW SOPHIA CT	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: Cameron Place
Cross street/directions to job site: Walker Rd to Lynnfield Lane	
Subdivision: Cameron Place	Lot no.: 1
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family Residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mission Homes NW, LLC	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mission Homes NW, LLC	
Contact name: Josh Kelso	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
CONTRACTOR	
Business name: Mission Homes NW	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
CCB lic.: 186849	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$419,013.05

Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 3154
Garage/carport area:	square feet 637
Covered porch area:	square feet 80
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area:	square feet
New building area:	square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$1,647.34
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Josh Kelso

Date:

09/25/19

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	Permit No. 19-4262
Date Issued: OCT 11 2019	By: JKL
10-10-19	Payment Type:

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9701 SW Barnes Rd	
City/State/ZIP: Portland OR 97225	
Suite/bldg./apt. no.: Peterkort III	Project name: WHA Mammo
Cross street/directions to job site: Ste 100	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Relocate DEXA Equipment + Install New Mammograph Equipment in it's place	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peterkort Property Management	
Address: 9755 SW Barnes Rd.	
City/State/ZIP: Portland OR 97225	
Phone: 503-646-5632	Fax:
E-mail: tbeavers@peterkort.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: R+H Construction	
Contact name: David Fuerstenberg	
Address: 2019 NW Wilson St	
City/State/ZIP: Portland OR 97209	
Phone: 503 819-3881	Fax:
E-mail: dfuerst@rhconst.com	
CONTRACTOR	
Business name: R+H Construction	
Address: 2019 NW Wilson	
City/State/ZIP: Portland OR 97209	
Phone: 503 819 3881	Fax:
CCB lic.: 38304	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date: 10/11/2019
Print name: David Fuerstenberg	



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Approved

OFFICE USE ONLY

Date Received: 10-1-19	Permit No.: B2019-4095
Date Issued: 10-16-19	By: <i>KU</i>
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8715 SW Curry Ct.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Curry Ct. Deck
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear down existing deck and building a new deck.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Right Guys Framing	
Contact name: Jorge Soto	
Address: PO BOX 30131	
City/State/ZIP: Portland, OR 97294	
Phone: (503) 207-1146	Fax:
E-mail: jorge@rightguysframing.com	
CONTRACTOR	
Business name: Right Guys Framing	
Address: PO BOX 30131	
City/State/ZIP: Portland, OR 97294	
Phone: (503) 207-1146	Fax:
CCB lic.: 224917	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	19,800
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$290.98
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Jorge Soto	09/27/19

ACMA SCHOOL

Building Permit Application

Approved

BB Session

530-658-690

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Fax: (503) 526-2550
Phone: (503) 526-2222
BeavertonOregon.gov

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...

RECEIVED

OFFICE USE ONLY

Date Received: 03/21/2019	Permit No.: B2019-1137
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11375 SW CENTER ST, BEAVERTON, OR	
City/State/ZIP: 97005	
Suite/bldg./apt. no.:	Project name: ACMA
Cross street/directions to job site: SW CENTER ST AND SW 113TH AVE	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
THE EXISTING 'ARTS AND COMMUNICATION MAGNET ACADEMY' WILL BE DEMOLISHED, APART FROM THE THEATER WHICH WILL REMAIN. A NEW TWO STOREY EDUCATIONAL FACILITY OF APPROXIMATELY 77,000 SQFT WILL THEN BE CONSTRUCTED.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BEAVERTON SCHOOL DISTRICT, FACILITES DEVELOPMENT	
Address: 16550 SW MERLO ROAD	
City/State/ZIP: BEAVERTON, OR, 97003	
Phone: (503) 356-4449	Fax: (503) 356-4484
E-mail: lmes@beaverton.k12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: DLR GROUP	
Contact name: BENJAMIN THORNTON & FRANK MUELLER	
Address: 421 SW SIXTH AVENUE, SUITE 1212	
City/State/ZIP: PORTLAND, OR, 97204	
Phone: (503) 274-3969	Fax:
E-mail: bthornton@dlrgroup.com; fmueller@DLRGROUP.com	
CONTRACTOR	
Business name: TBD	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$13,450,786
Existing building area:	square feet 54,064
New building area:	square feet 75,000
Number of stories:	2
Type of construction:	IIB
Occupancy groups:	E, B & A
Existing:	E, B & A
New:	E, B & A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
BENJAMIN P THORNTON	03/20/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...



Development Department
Building Division
11111 Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 07/18/2019	Permit No.: B2019-3075
Date Issued: 10-10-19	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11850 SW Canyon Rd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Jacksons 517
Cross street/directions to job site: Corner of SW Canyon Rd and SW Broadway Street	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace existing Walk In cooler/freezer	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jacksons Food Stores	
Address: 3450 East Commercial Street	
City/State/ZIP: Meridian, ID 83642	
Phone: (208) 888-6061	Fax:
E-mail: acct.payable@jacksons.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Polar Refrigeration, Inc.	
Contact name: Adam Conley	
Address: 8819 NE 117th Avenue	
City/State/ZIP: Vancouver, WA 98662	
Phone: (360) 852-2430	Fax:
E-mail: adam@polar-refrigeration.net	
CONTRACTOR	
Business name: Same as Applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 170015	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	18000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	No Changes
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$439.56
Amount received	
Date received:	

Authorized signature:

[Signature]

Print name:	Date:
Adam Conley	07/16/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

1 APPROVED

RECEIVED

OFFICE USE ONLY

Date Received: 10/10/2019 Permit No.: 82019-4167
Date Issued: 10-17-19 By: MK
CITY OF BEAVERTON Payment Type: MK

BUILDING DIVISION

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 7600 SW Dunsmuir Lane

City/State/ZIP: Beaverton OR 97007

Suite/bldg./apt. no.: Project name:

Cross street/directions to job site: Murray / Hart rd.

Subdivision: Carolwood Lot no.: 9

Tax map/parcel no.:

DESCRIPTION OF WORK

Expansion of existing loft space with addition of half bath (powder room)

☒ PROPERTY OWNER

☐ TENANT

Name: Mark and Cynthia Peacock

Address: 7600 SW Dunsmuir Lane

City/State/ZIP: Beaverton OR 97007

Phone: 503 780-4095 Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: N/A

Contact name: Cindy Peacock

Address: 7600 SW Dunsmuir Lane

City/State/ZIP: Beaverton OR 97007

Phone: 503 780-4095 Fax:

E-mail: cindy.peacock@rocketmail.com

CONTRACTOR

Business name: Richard Parker LLC

Address: 6944 SE Eileen Ln

City/State/ZIP: Hillsboro OR 97123

Phone: 503 347-7087 Fax:

CCB lic.: 201132

Authorized signature:

Print name:

Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING *

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 32,400

Number of bedrooms: 3

Number of bathrooms: 2

Total number of floors: 2

New dwelling area: 1080 square feet 180

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application *



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10/9/2019	Permit No.: B2019-4233
Date Issued: 10-18-19	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: sign installation
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12620 SW 1st	
City/State/ZIP: Beaverton Oregon 97005	
Suite/bldg./apt. no.:	Project name: Syndicate blade sign
Cross street/directions to job site: SW 1st St and Watson Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
installation of a new blade sign with exterior neon	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: David Anderson	
Address: 12620 SW 1st St	
City/State/ZIP: Beaverton Oregon 97005	
Phone: (971) 227-0341	Fax:
E-mail: operations@syndicatewines.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Security Signs	
Contact name: Kevin Keljo	
Address: 2424 SE Holgate Blvd	
City/State/ZIP: Portland, OR 97202	
Phone: (503) 546-7105	Fax: (503) 230-1861
E-mail: kevin@securitysigns.com	
CONTRACTOR	
Business name: Security Signs	
Address: 2424 SE Holgate Blvd	
City/State/ZIP: Portland, OR 97202	
Phone: (503) 232-4172	Fax: (503) 230-1861
CCB lic.: 122809	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

8,660

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Kevin Keljo	10/09/19

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Wunderland FS

Clear Form

RECEIVED

OFFICE USE ONLY

Date Received: 8/20/2019 Permit No.: B2019-3551
Date Issued: 10-18-19 By: *WU*
CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 17235 SW Corridor CT
City/State/ZIP: Beaverton, OR 97006
Suite/bldg./apt. no.: 150 Project name: Wunderland Beaverton
Cross street/directions to job site:
Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Demo fire sprinkler heads in laser tag arena and add heads under new laser tag structure.

☐ PROPERTY OWNER ☐ TENANT

Name:
Address:
City/State/ZIP:
Phone: Fax:
E-mail:

☐ APPLICANT ☐ CONTACT PERSON

Business name: Wyatt Fire Protection
Contact name: Ronin Campbell
Address: 9095 SW Burnham St
City/State/ZIP: Tigard, OR 97223
Phone: (503) 684-2928 Fax:
E-mail: r.campbell@wyattfire.com

CONTRACTOR

Business name: Same
Address:
City/State/ZIP:
Phone: Fax:
CCB lic.: 64077

Authorized signature: *Ronin Campbell*

Print name: Ronin Campbell Date: 08/20/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

10110

Existing building area: square feet

New building area: square feet 0

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$119.30

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 10/18/2019	Permit No.: B2019-4352
Date Issued: 10/21/2019	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

BUILDING DIVISION

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 11782 SW Barnes Rd
City/State/ZIP: Portland, OR 97225
Suite/bldg./apt. no.: 100 Project name: Barnes Rd Upgrade
Cross street/directions to job site:

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Add one new head in MRI dressing area.

☒ PROPERTY OWNER

☐ TENANT

Name:
Address:
City/State/ZIP:
Phone: Fax:
E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name: Wyatt Fire Protection
Contact name: Kaitlin Rowland
Address: 9095 SW Burnham St
City/State/ZIP: Portland, OR 97223
Phone: (503) 684-2928 Fax:
E-mail: k.rowland@wyattfire.com

CONTRACTOR

Business name: Same as Applicant
Address:
City/State/ZIP:
Phone: Fax:
CCB No.: 64077

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

600

Existing building area: square feet

New building area: square feet

0

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$97.86

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: Kaitlin Rowland

Print name:

Date:

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10/18/2019 Permit No.: B2019-4342
Date Issued: 10-21-19 By: JKL
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☐ Addition/alteration/replacement ☒ Other: sign installation

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 12320 SW 1st St
City/State/ZIP: Beaverton Oregon 97005
Suite/bldg./apt. no.: Project name: Jans projecting sign
Cross street/directions to job site: SW 1st St and Tucker Ave
Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

installation of a new internally illuminated projecting sign

☐ PROPERTY OWNER

☒ TENANT

Name: Lori Carroll
Address: 12320 SW 1st St
City/State/ZIP: Beaverton Oregon 97005
Phone: (503) 649-3444 Fax:
E-mail: lori@janspaperbacks.com

☐ APPLICANT

☒ CONTACT PERSON

Business name: Security Signs
Contact name: Kevin Keljo
Address: 2424 SE Holgate Blvd
City/State/ZIP: Portland, OR 97202
Phone: (503) 546-7105 Fax: (503) 230-1861
E-mail: kevin@securitysigns.com

CONTRACTOR

Business name: Security Signs
Address: 2424 SE Holgate Blvd
City/State/ZIP: Portland, OR 97202
Phone: (503) 546-7105 Fax: (503) 230-1861
CCB lic.: 122809

Authorized
signature:

Print name: Kevin Keljo Date: 10/09/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 12,770

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$543.42

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application

ELECTRONIC SUBMITTAL

SEE 1/BLDG DIV WG-8

Beaverton
OREGON

Community Development Department
Building Division
1235 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 07/22/2019

Permit No.: B2019-3106

Date Issued: 10-20-19

By: *HL*

Payment Type: *check*

TYPE OF WORK

☐ New construction

☐ Demolition

☐ Addition/alteration/replacement

☒ Other: T.I.

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 14900 SW BARROWS RD

City/State/ZIP: BEAVERTON, OR 97007

Suite/bldg./apt. no.: 102, 103

Project name: OPTIMA SALON SUITES

Cross street/directions to job site: SW HORIZON BLVD

Subdivision:

Lot no.:

Tax map/parcel no.: WCTM 2S105AA LOT 03300

DESCRIPTION OF WORK

INTERIOR TENANT IMPROVEMENT OF 3,227 SF BUSINESS FOR SALON SUITES TO INCLUDE ARCHITECTURE, ACCESSIBLE RESTROOMS, AND FINISHES

☐ PROPERTY OWNER

☒ TENANT

Name: NARN, INC DBA OPTIMA SALON SUITES

Address: 14746 SW 148TH

City/State/ZIP: TIGARD, OR 97224

Phone: (503) 821-9778

Fax:

E-mail: JAVAD@WORLDDECOENERGY.COM

☐ APPLICANT

☒ CONTACT PERSON

Business name:

Contact name: JACK SHIVELY

Address: 29410 LAS BRISAS, RD, STE 112

City/State/ZIP: MURRIETA, CA 92562

Phone: (951) 293-4526

Fax:

E-mail: SCENICJFS@HOTMAIL.COM

CONTRACTOR

Business name: *Stai Construction*

Address: N/A

City/State/ZIP:

Phone:

Fax:

CCB lic.: 177431

Authorized signature:

Print name:

Date:

Jack Shively

07/17/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

95,000.00

Existing building area: square feet 3,227

New building area: square feet 3,227

Number of stories: 2

Type of construction: VB

Occupancy groups: B

Existing: B

New: B

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

248.45

176.68

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$1,351.18

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: 82019-2049
Date Issued: 10/21/2019 Payment Type:

TYPE OF WORK

☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☒ Other: Siding

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☒ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15242 SW Teal Blvd
City/State/ZIP: Beaverton OR 97007
Suite/bldg./apt. no.: Recreation Bldg Project name: Andover Park
Cross street/directions to job site: Teal Blvd (39)
Subdivision: R5 Lot no.: 151320000400
Tax map/parcel no.:

DESCRIPTION OF WORK

100% Siding replacement. (changing
1x8 cedar + 1x6 with 1x8 9.25" (8" exposure)
handie plank cedar mill lap siding)

PROPERTY OWNER

TENANT

Name: Prime Teal, LLC
Address: 15242 SW Teal Blvd
City/State/ZIP: Beaverton OR 97007
Phone: 503-852-6465 Fax: 949-272-6798
E-mail: Scott.Aikman@primeteal.com
☒ APPLICANT ☐ CONTACT PERSON

Business name: arrow building company, LLC
Contact name: Gabe Mackillop
Address: 5009 Apt F Foothills Blvd Rd
City/State/ZIP: Lake Oswego, OR 97304
Phone: 415-519-0110 Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co

CONTRACTOR

Business name: same as applicant
Address:
City/State/ZIP:
Phone: Fax:
CCB No.: 225537

Authorized signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation
Number of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: square feet
Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: 80,105
Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application
Amount received
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2048
Date Issued: 10/21/2019
Payment Type:

TYPE OF WORK

☐ New construction
☒ Addition/alteration/replacement
☐ Demolition
☒ Other: Siding

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling
☐ Accessory building
☐ Master builder
☐ Commercial/Industrial
☒ Multi-family
☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15294 SW Teal Blvd
City/State/ZIP: Beaverton, OR, 97007
Suite/bldg./apt. no.: 34 15294 Project name: Andover Park
Cross street/directions to job site: Teal Blvd
Subdivision: R5 Lot no.: 151320000400
Tax map/parcel no.:

DESCRIPTION OF WORK

100% Siding replacement. (changing
1/8 cedar + 1/2" with 1/2" 9.25" (8" exposure)
hand: plank cedar mill lap siding

PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC
Address: 15294 SW Teal Blvd
City/State/ZIP: Beaverton, OR 97007
Phone: 533-852-6465 Fax: 949-272-6798
E-mail: slott@arrowbuilding.com

APPLICANT

☐ CONTACT PERSON

Business name: arrow building company, LLC
Contact name: Gabe Mackillop
Address: 5009 Apt F Foothills Blvd Rd
City/State/ZIP: Lake Oswego, OR 97304
Phone: 415-519-0110 Fax: 949-272-6795
E-mail: gabe@arrowbuilding.com

CONTRACTOR

Business name: same as applicant
Address:
City/State/ZIP:
Phone: Fax:
CCB lic.: 225537

Authorized
signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2047
Date Issued: 10/21/2019 Payment Type:

TYPE OF WORK

☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☒ Other: addition

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☒ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15296 SW Teal Blvd
City/State/ZIP: Beaverton OR, 97007
Suite/bldg./apt. no.: (37) 15296 Project name: Anchor Park
Cross street/directions to job site: Teal Blvd
Subdivision: R5 Lot no.: 1513200004002
Tax map/parcel no.:

DESCRIPTION OF WORK

100% Siding replacement. (changing
1x8 cedar + 1x6 with 1x8 9.25" (8" exposure)
handie plank cedar mill lap siding

PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC
Address: 15242 SW Teal Blvd
City/State/ZIP: Beaverton OR 97007
Phone: 533-852-6465 Fax: 949-272-6798
E-mail: slott.alexander@primegrp.com
☒ APPLICANT ☐ CONTACT PERSON

Business name: arrow building company, LLC
Contact name: Gabe Mackillop
Address: 5009 Apt F Foothills Blvd Rd
City/State/ZIP: 1418 Oswego, OR 97304
Phone: 415-519-0110 Fax: 949-272-6715
E-mail: gabe@arrowbuilding.co

CONTRACTOR

Business name: same as applicant
Address:
City/State/ZIP:
Phone: Fax:
CCB No.: 225537

Authorized signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: square feet
Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

80,105
Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2046
Date Issued: 10/21/2019
Payment Type:

TYPE OF WORK

☐ New construction
☒ Addition/alteration/replacement
☐ Demolition
☒ Other: Siding

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling
☐ Accessory building
☐ Master bullder
☐ Commercial/Industrial
☒ Multi-family
☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15298 SW Teal Blvd
City/State/ZIP: Beaverton OR 97007
Suite/bldg./apt. no.: (36) 15298 Project name: Anlover Park
Cross street/directions to job site: Teal Blvd

Subdivision: R5 Lot no.: 151320000400
Tax map/parcel no.:

DESCRIPTION OF WORK

100% Siding replacement. (changing
1x8 cedar + 1x9 with 1x9.25" (8" exposure)
handie plank cedar mill lap siding

PROPERTY OWNER

TENANT

Name: Prime Teal, LLC
Address: 15242 SW Teal Blvd
City/State/ZIP: Beaverton, OR 97007
Phone: 533-852-6465 Fax: 949-272-6798
E-mail: slott.alexander@primegrp.com

APPLICANT

CONTACT PERSON

Business name: arrow building company, LLC
Contact name: Gabe Mackillop
Address: 5009 Apt F Foothills Blvd Rd
City/State/ZIP: Lake Oswego, OR 97304
Phone: 415-519-0110 Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co

CONTRACTOR

Business name: same as applicant
Address:
City/State/ZIP:
Phone: 225-537
Fax:
CCB No.: 225-537

Authorized
signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: 82019-2045
Date Issued: 10/21/2019 Payment Type:

TYPE OF WORK

☐ New construction ☐ Demolition

☒ Addition/alteration/replacement ☐ Other: siding

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial

☐ Accessory building ☒ Multi-family

☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15292 SW Teal Blvd

City/State/ZIP: Beaverton OR, 97007

Suite/bldg./apt. no.: (35) 15292 Project name: Andover Park

Cross street/directions to job site:
Teal Blvd

Subdivision: R5 Lot no.: 151320000400

Tax map/parcel no.:

DESCRIPTION OF WORK

100% Siding replacement. (changing
1/8" cedar + 3/4" with 9.25" (8" exposure)
handie plank Cedar mill lap siding)

PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC

Address: 15242 SW Teal Blvd

City/State/ZIP: Beaverton, OR 97007

Phone: 503 852-6465 Fax: 949-272-6798

E-mail: slott.alexander@primegrp.com

APPLICANT

☐ CONTACT PERSON

Business name: arrow building company, LLC

Contact name: Gabe Mackillop

Address: 5009 Apt E Foothills Rd

City/State/ZIP: Lake Oswego, OR 97034

Phone: 503-519-0110 Fax: 949-272-6715

E-mail: gabe@arrowbuilding.co

CONTRACTOR

Business name: same as applicant

Address:

City/State/ZIP:

Phone:

Fax:

CCB No.: 225537

Authorized signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5-13-19 Permit No.: B2019-2044
Date Issued: 10/21/2019 By: [Signature]
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☒ Other: Siding

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☒ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15290 SW Teal Blvd
City/State/ZIP: Beaverton OR, 97007
Suite/bldg./apt. no.: (34) 15290 Project name: Arrowlover Park
Cross street/directions to job site:
Teal Blvd

Subdivision: R5 Lot no.: 151320000400
Tax map/parcel no.:

DESCRIPTION OF WORK

100% Siding replacement. (changing
1x8 cedar + 1x6 with 1x8 1/2" (8" exposure)
hand: plank cedar mill lap siding)

PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC
Address: 15290 SW Teal Blvd
City/State/ZIP: Beaverton, OR 97007
Phone: 503-852-6465 Fax: 949-272-6798
E-mail: scott.alkman@primeteal.com

APPLICANT

☐ CONTACT PERSON

Business name: arrow building company, LLC
Contact name: Gabe Mackillop
Address: 5009 Apt F Foothills Blvd Rd
City/State/ZIP: Lake Oswego, OR 97034
Phone: 503-519-0110 Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co

CONTRACTOR

Business name: same as applicant
Address:

City/State/ZIP:

Phone:

Fax:

CCB No.: 225537

Authorized
signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5-13-19	Permit No.: B2019-2043
Date Issued: 10/21/2019	Payment Type:

TYPE OF WORK

☐ New construction ☐ Demolition

☒ Addition/alteration/replacement ☒ Other: *addition*

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling ☐ Commercial/Industrial

☐ Accessory building ☒ Multi-family

☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15288 SW Teal Blvd
City/State/ZIP: Beaverton OR, 97007
Suite/bldg./apt. no.: (33) 15288 Project name: Andrew Park
Cross street/directions to job site: Teal Blvd

Subdivision: R5 Lot no.: 151320000400

Tax map/parcel no.:

DESCRIPTION OF WORK

100% Siding replacement. (changing
1x8 cedar + 1x9 with 1x9.75" (8" exposure)
hardie plank cedar mill lap siding)

PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC
Address: 15288 SW Teal Blvd
City/State/ZIP: Beaverton OR 97007
Phone: 533-857-6465 Fax: 949-272-6798
E-mail: scott.alexander@primeteal.com

APPLICANT

☐ CONTACT PERSON

Business name: arrow building company, LLC
Contact name: Gabe Mackillop
Address: 5009 Apt F Foothills Blvd Rd
City/State/ZIP: Lake Oswego, OR 97034
Phone: 415-519-0110 Fax: 949-272-6715
E-mail: gabe@arrowbuilding.co

CONTRACTOR

Business name: same as applicant
Address:
City/State/ZIP:
Phone: 225-5377 Fax:
CCB lic.: 225537

Authorized signature: *Gabe Mackillop*

Print name: Gabriel Mackillop

Date: 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 5-13-17	Permit No.: B2019-2035
Date Issued: 10/21/2019	By: [Signature]
Payment Type:	

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☒ Other: *Weld*

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☒ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15262 SW Teal Blvd
City/State/ZIP: Beaverton OR 97007
Suite/bldg./apt. no.: (25) 15262 Project name: Andover Park
Cross street/directions to job site:
Teal Blvd

Subdivision: R5 Lot no.: 151320000400
Tax map/parcel no.:

DESCRIPTION OF WORK

100% Siding replacement. Changing
1x8 cedar + 7/8" with 1x9.75" (6" exposure)
hand: e plank cedar mill lap siding

PROPERTY OWNER

TENANT

Name: Prime Teal, LLC
Address: 15262 SW Teal Blvd
City/State/ZIP: Beaverton OR 97007
Phone: 533 852-6465 Fax: 949-272-6798
E-mail: scott.aikman@primetg.com

APPLICANT

CONTACT PERSON

Business name: arrow building company, LLC
Contact name: Gabe Mackillop
Address: 5609 Apt F Foothills Blvd Rd
City/State/ZIP: Lake Oswego, OR 97304
Phone: 415-519-0110 Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co

CONTRACTOR

Business name: same as applicant
Address:
City/State/ZIP:
Phone: 225 537 Fax:
CCB No.:

Authorized signature: [Signature]

Print name: Gabriel Mackillop

Date: 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	Permit No. <u>B2019-4395</u>
Date Issued: <u>10/23/2019</u>	By: <u>[Signature]</u>
Payment Type:	

TYPE OF WORK

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: <u>15005 SW Tualatin Valley Highway</u>	
City/State/ZIP: <u>Beaverton, OR</u>	
Suite/bldg./apt. no.:	Project name: <u>Dunk Warehouse Spklr</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	

DESCRIPTION OF WORK

2 existing Fire Alarm modules are to be relocated from 2 existing-to-be-demo'd sprinkler risers(waterflows and tampers) to 2 new sprinkler risers.

☒ PROPERTY OWNER

☐ TENANT

Name: Nike
Address: One Bowerman Drive
City/State/ZIP: Beaverton, OR 97005
Phone: Fax:
E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Siemens Industry Inc.
Contact name: Robin Davis
Address: 15201 NW Greenbrier Pkwy Ste A4
City/State/ZIP: Beaverton, OR. 97006
Phone: (503) 360-6138 Fax:
E-mail: robin.davis@siemens.com

CONTRACTOR

Business name: Siemens Industry Inc.
Address: 15201 NW Greenbrier Pkwy Ste A4
City/State/ZIP: Beaverton, OR. 97006
Phone: (503) 360-6138 Fax:
CCB lic.: 133041

Authorized
signature:

Print name:

Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

\$10006

Existing building area: square feet

New building area: square feet

Number of stories: 1

Type of construction:

Occupancy groups: S1

Existing: X

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	<u>416.23</u>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received:	10/23/19	Permit No:	52019-4398
Date Issued:	10/23/19	By:	claw
		Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12160 SW Davies Rd	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Anderson
Cross street/directions to job site: Greenway	
Subdivision:	Lot no.: 4100
Tax map/parcel no.: 1S127BB04100	
DESCRIPTION OF WORK	
Enlarge master bath and move hall bath	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Curtis and Judy Anderson	
Address: 12160 SW Davies RD	
City/State/ZIP: Beaverton, OR	
Phone: (503) 646-9718	Fax:
E-mail: vrtcr@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Tom Rogers Construction, LLC	
Contact name: Tom Rogers	
Address: P.O. Box 231296	
City/State/ZIP: Tigard, OR 97281	
Phone: (503) 704-0000	Fax:
E-mail: Tomrogersconstruction@gmail.com	
CONTRACTOR	
Business name: Same as Applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 95900	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 40,000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	492.64
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
Print name: Tom Rogers	10/10/19

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 10/23/19	Permit No. B2019-4399
Date Issued: 10/23/19	By: CLEM
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8320 SW Maverick Terrace	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Roof mounted solar array	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ned Randell	
Address: 8320 SW Maverick Terrace	
City/State/ZIP: Beaverton, OR 97008	
Phone: 971-266-9467	Fax:
E-mail: nedrandell@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Synchro Solar	
Contact name: Brion Wickstrom	
Address: 2870 NE Hogan Dr. suite E-240	
City/State/ZIP: Gresham, OR 97030	
Phone: 503-208-4786	Fax:
E-mail: Brion@synchrosolar.com	
CONTRACTOR	
Business name: Synchro Solar	
Address: 2870 NE Hogan Dr. suite E-240	
City/State/ZIP: Gresham, OR 97030	
Phone: 503-208-4786	Fax:
CCB lic.: 188766	

Authorized signature:

Print name:	Date:
Brion Wickstrom	10-22-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	20,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10/23/19 Permit No.: B209-4401
Date Issued: 10/23/19 By: C. Crew
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 10750 SW Denney #2
City/State/ZIP: Beaverton, OR 97008
Suite/bldg./apt. no.: Bldg. 2 Project name: Denney Infill
Cross street/directions to job site:

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Remove existing TPO membrane (installed 2017 B2017-3813)
down to existing 1" ISO. Mechanically fasten 2.2" and .5"
HD Board for R-20 insulation. Mechanically fasten .060 TPO.
Class A roof (see pg. 2)

PROPERTY OWNER

TENANT

Name: Harsch Investment Properties
Address: 1121 SW Salmon St. #400
City/State/ZIP: Portland, OR 97205
Phone: 503-973-0227 Fax:
E-mail: Kelly.g@harsch.com

APPLICANT

CONTACT PERSON

Business name: ABC Roofing Company
Contact name: Brian Kearney
Address: 10123 SE Brittany Ct.
City/State/ZIP: Clackamas, OR 97015
Phone: 503-786-0616 Fax:
E-mail: brian@abcroofingco.com

CONTRACTOR

Business name: ABC Roofing Company
Address: 10123 SE Brittany Ct.
City/State/ZIP: Clackamas, OR 97015
Phone: 503-786-0616 Fax:
CCB lic.: 228207

Authorized
signature:

Print name: Brian Kearney

Date: 10/23/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$79,510.00

Existing building area: 9,600 square feet

New building area: 9,600 square feet

Number of stories: 2

Type of construction: Reroof

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

COB Revision/Tracking Number

REV 19-004

T

OFFICE USE ONLY

Date Received: 1.4.2019	Permit No.: B2018-4453
Date Issued: 10/23/19	By: [Signature]
Payment Type:	

TYPE OF WORK

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 15743 SW Wren Ln
City/State/ZIP: Beaverton, OR
Suite/bldg./apt. no.: Project name: Russell
Cross street/directions to job site:

Subdivision: Westmont Lot no.: 109

Tax map/parcel no.:

DESCRIPTION OF WORK

NSFR - 3817AL - 2 Car Garage

Resubmission Due to Plan Change

☒ PROPERTY OWNER

☐ TENANT

Name: DR Horton, Inc

Address: 4380 SW Macadam Ave Suite 200

City/State/ZIP: Portland, OR 97239

Phone: (503) 222-4151

Fax:

E-mail: plancheck@drhorton.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: DR Horton, Inc

Contact name: Amanda Loveridge

Address: SAME AS ABOVE

City/State/ZIP:

Phone:

Fax:

E-mail: plancheck@drhorton.com

CONTRACTOR

Business name: DR Horton, Inc

Address: SAME AS ABOVE

City/State/ZIP:

Phone:

Fax:

CCB lic.: 130859

Authorized signature:

Print name:

Date:

Amanda Loveridge

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 313,560

Number of bedrooms: 4

Number of bathrooms: 2.5

Total number of floors: 2

New dwelling area: 2230 square feet

Garage/carport area: 383 square feet

Covered porch area: 105 square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

RECEIVED

Building Permit Application

COB Revision/Tracking Number

REV 19-006

JAN 04 2019

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 1.4.2019

Permit No.: B2018-3801

Date Issued: 10/23/19

By: [Signature]

Payment Type:

TYPE OF WORK

☒ New construction☐ Demolition☐ Addition/alteration/replacement☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling☐ Commercial/Industrial☐ Accessory building☐ Multi-family☐ Master builder☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15731 SW Wren Ln

City/State/ZIP: Beaverton, OR

Suite/bldg./apt. no.:

Project name: Russell

Cross street/directions to job site:

Subdivision: Westmont

Lot no.: 110

Tax map/parcel no.:

DESCRIPTION OF WORK

NSFR - 3819AL - 2 Car Garage

Resubmission Due to Plan Change

☒ PROPERTY OWNER☐ TENANT

Name: DR Horton, Inc

Address: 4380 SW Macadam Ave Suite 200

City/State/ZIP: Portland, OR 97239

Phone: (503) 222-4151

Fax:

E-mail: plancheck@drhorton.com

☒ APPLICANT☐ CONTACT PERSON

Business name: DR Horton, Inc

Contact name: Amanda Loveridge

Address: SAME AS ABOVE

City/State/ZIP:

Phone:

Fax:

E-mail: plancheck@drhorton.com

CONTRACTOR

Business name: DR Horton, Inc

Address: SAME AS ABOVE

City/State/ZIP:

Phone:

Fax:

CCB lic.: 130859

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 306240

Number of bedrooms: 4

Number of bathrooms: 2.5

Total number of floors: 2

New dwelling area: 2132 square feet

Garage/carport area: 420 square feet

Covered porch area: 99 square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

Amanda Loveridge

Date:

10/27/18

ELECTRONIC SUBMITTING Permit Application

SEE I:/BLDG DIV WORK COMMUNITY Development Department



Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 8/7/2019 Permit No.: B2019-3373

Date Issued: 10/24/2019 By: [Signature]

CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3725 SW Hocken Ave.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Vanguard LN Tank
Cross street/directions to job site: Between Hall & Millikan	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109DC00700	
DESCRIPTION OF WORK	
Installation of a new concrete foundation, bollards, fencing, tank and vaporizer for connection to a new nitrogen system*	
*Piping, piping design and mechanical permitting by others	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Vanguard EMS	
Address: 3725 SW Hocken Ave.	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 644-4808	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: James Quinn Company LLC	
Contact name: Aaron Lothrop	
Address: 52167 SE 8th Street	
City/State/ZIP: Scappoose, OR 97056	
Phone: (503) 481-8002	Fax:
E-mail: Aaron.JQC@gmsil.com	
CONTRACTOR	
Business name: James Quinn Construction	
Address: 52167 SE 8th Street	
City/State/ZIP: Scappoose, OR 97056	
Phone: (503) 481-8002	Fax:
CCB lic.: 207465	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$21,400
Existing building area:	square feet 67,800
New building area:	square feet 67,800
Number of stories:	1
Type of construction:	IIB
Occupancy groups:	B, F-2, S-2
Existing:	B, F-2, S-2
New:	NO CHANGE
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: [Signature]

Print name:	Date:
Aaron Lothrop	06/21/19

Wunderland Fire Alarm

Building Permit Application

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 V/TDD

BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 09/23/2019

Permit #: B2019-3988

Date Issued: 10/23/19

By: [Signature]

Payment Type:

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 17235 NW Corridor Court Ste. 150

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.: 150

Project name: Electric Castle's Wunderl

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Fire Alarm

☐ PROPERTY OWNER

☒ TENANT

Name: Electric Castle's Wunderland

Address: 17235 NW Corridor Court Ste. 150

City/State/ZIP: Beaverton, OR 97006

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Point Monitor Corp.

Contact name: Brooke Williams

Address: 5863 Lakeview Blvd. #100

City/State/ZIP: Lake Oswego, OR 97035

Phone: (503) 627-0100

Fax:

E-mail: bwilliams@pointmonitor.com

CONTRACTOR

Business name: Point Monitor Corp.

Address: 5863 Lakeview Blvd. #100

City/State/ZIP: Lake Oswego, OR 97035

Phone: (503) 627-0100

Fax:

CCB lic.: 135901

Authorized signature: [Signature]

Print name:

Ben Breit

Date:

09/23/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

4,648

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

\$258.64

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2495 Fax: (503) 526-2550
General Information (503) 526-2222V/TDD
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 10/21/2019	Permit No: B2019-4359
Date Issued: 10-23-19	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
REASON FOR APPLICATION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4590 SW Watson Ave.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Lion Heart
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
walk-in Box (50. Ft.)	
OWNER INFORMATION	
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
APPLICANT INFORMATION	
Business name: Bulldogmech, INC.	
Contact name: Rolland Walters	
Address: 3307 NE 39th St.	
City/State/ZIP: JANC, WA. 98061	
Phone: 360.901.2600	Fax: 360.092.1505
E-mail: bulldogmech@gmail.com	
OTHER INFORMATION	
Business name: Bulldogmech, INC.	
Address: 3307 NE 39th St.	
City/State/ZIP: JANC, WA. 98061	
Phone: 360.901.2600	Fax: 360.093.1505
COB No.: 152993 metro 8027	
Authorized signature: [Signature]	
Print name: Rolland Walters	Date: 10/17/19

REQUIRED DATA - ALL PERMITS	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$3,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA - COMMERCIAL/INDUSTRIAL PERMITS	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	\$247.17
Amount received	
Date received:	
This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete	
* Fee methodology set by Tri-County Building Industry Service Board	

Building Permit Application

ELECTRONIC SUBMITTAL
SEE: BLDG DIV W@385W



Tri-County Development Department
Building Division
Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 06/13/2019 Permit No.: B2019-2561
Date Issued: 10/22/19 By: [Signature]
CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14025 S.W. Farmington Rd	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.:	Project name: The Francis
Cross street/directions to job site: S.W. Farmington Rd & S.W. 142nd Ave.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116BC90000	
DESCRIPTION OF WORK	
Removal of existing partial height walls/piping on 2nd & 3rd floor balconies & stair landings. Replaced w/ new 42" metal pipe guards. Removal of existing free standing metal canopies at front entry walkways.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: The Francis, LLC c/o WYSE Real Estate Advisors	
Address: 810 SE Belmont, Suite 100	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 294-0400	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: AXIS Design Group	
Contact name: Kendra Kozak	
Address: 11104 S.E. Stark St.	
City/State/ZIP: Portland, OR 97216	
Phone: (503) 284-0988	Fax: (503) 546-9276
E-mail: kendrak@axisdesigngroup.com	
CONTRACTOR	
Business name: TBD Waden Construction	
Address: 9740 SW Wilsonville Rd #230	
City/State/ZIP: Wilsonville, OR 97070	
Phone: 503-718-6680	Fax:
CCB lic.: 223805	
Authorized signature: [Signature]	
Print name: Kyle Osburn, PM	Date: 10/22/19
Kendra J. Kozak	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$30,000.00
Existing building area:	square feet 21,216
New building area:	square feet NA
Number of stories:	3
Type of construction:	
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$643.93
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

kosburn@wadencc.com

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 10/23/19	Permit No.: B2019-43858
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9640 SW Sunshine Court	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 600	Project name: Seamus Golf
Cross street/directions to job site: SW Arctic Drive	
Subdivision:	Lot no.: 1S123BA-01101
Tax map/parcel no.: 9640 SW Sunshine Court	
DESCRIPTION OF WORK	
This project involves selective demolition of unwanted improvements and limited construction of new improvements to alter a tenant space for an existing tenant.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Wyse Real Estate Advisors	
Address: 810 SE Belmont Street, Suite 100	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 294-0400	Fax:
E-mail: MGreeninger@WyseREA.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Robert Simpson Architect, PC	
Contact name: Robert C. Simpson	
Address: 6121 NE Rosebay Drive	
City/State/ZIP: Hillsboro, OR 97124-5046	
Phone: (503) 709-9653	Fax:
E-mail: R.C.Simpson@iCloud.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Address: 17750 SW Upper Boones Ferry Road, Suite 190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$24,250.00
Existing building area:	square feet 28346
New building area:	square feet 0
Number of stories:	1
Type of construction:	3-B
Occupancy groups:	
Existing:	B/F-1/S-1
New:	B/F-1/S-1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

Print name:

Robert C. Simpson

Date:

16 Oct., 2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 10/17/2019 Permit No.: B2019-4324
Date Issued: By:
CITY OF BEAVERTON
BUILDING DIVISION
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 906 NW Silverado Dr	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Marden #33640
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N132CB02700	
DESCRIPTION OF WORK	
Encapsulation of crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Philip Marden	
Address: 906 NW Silverado Dr	
City/State/ZIP: Beaverton, OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Heather Rogers	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
E-mail: hrogers@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
CCB lic.: 173547	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	234.92
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
Print name: Heather Rogers	10/16/19

Building Permit Application



COPY



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 3/27/19	Permit No.: B0019-1236
Date Issued: 10/28/2019	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6125 SW Hall Blvd	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Beaverton Public Safety Center
Cross street/directions to job site: SW Hall Blvd & Main Street	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of 332.500 kW photovoltaic system on roof and carport	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: City of Beaverton	
Address: PO Box 4755	
City/State/ZIP: Beaverton, OR 97076	
Phone: 503-526-2222	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: A&R Solar	
Contact name: Tina Kayser	
Address: 6800 NE 59th Place	
City/State/ZIP: Portland OR 97218	
Phone: 503-420-8680	Fax:
E-mail: permits@a-rsolar.com	
CONTRACTOR	
Business name: A&R Solar	
Address: 6800 NE 59th Place	
City/State/ZIP: Portland OR 97218	
Phone: 503-420-8680	Fax:
CCB lic.: 207641	
Authorized signature: Tina Kayser	
Print name: Tina Kayser	Date: 03/27/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$185150.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

2055.49

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov



RECEIVED

(Routed 9-15-17)

OFFICE USE ONLY

Date Received: SEP 15 2017	Permit No.: B2017.3915
Date Issued: 10/24/2019	Payment Type:

BUILDING SERVICES DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9045 SW Canyon Rd.	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: -	Project name: canyon
Cross street/directions to job site: 217 to Canyon Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.: 151110B00700	
DESCRIPTION OF WORK	
Installation of antennas on building & equipment installed within existing storage unit	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: NW Self Storage	
Address: 9045 SW Canyon Rd.	
City/State/ZIP: Beaverton, OR 97225	
Phone: 971-236-9505	Fax: 971-236-9509
E-mail: kh@portlandstorage.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Verizon Wireless c/o	
Contact name: Black Rock, Sophia Mekkers	
Address: PO Box 1744	
City/State/ZIP: Tualatin, OR 97070	
Phone: 503-380-1504	Fax: -
E-mail: sophia@bk-rock.com	
CONTRACTOR	
Business name: Strata, Inc.	
Address: 600 SE Mainline Ave Bldg 3 Suite 330	
City/State/ZIP: Vancouver WA 98661	
Phone: 360-723-5286	Fax:
CCB lic.: 75960	
Authorized signature: Sophia Mekkers	
Print name: Sophia Mekkers	Date: 9-15-17

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$50,000

Existing building area: square feet

New building area: square feet

Number of stories: 4

Type of construction: ~~Y-B~~ II-B

Occupancy groups:

Existing: commercial

New: no change

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application 561.64

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: Permit No.: B 2019-4472
Date Issued: 10/29/2019
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 10750 SW Denney Road

City/State/ZIP: Beaverton, OR 97008

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Remove existing roof down to metal deck. Mechanically fasten 1.8" ISO, 1.8" FR ISO, .5" HD coverboard. Mechanically fasten .060 TPO single ply membrane. Class A fire rated roof system (see attached UL listing).

☒ PROPERTY OWNER

☐ TENANT

Name: Harsch Investment Properties

Address: 1121 SW Salmon Street

City/State/ZIP: Portland, OR 97205

Phone: (503) 242-2900

Fax:

E-mail: lisar@harsch.com

☒ APPLICANT

☒ CONTACT PERSON

Business name: ABC Roofing Company

Contact name: Brian Kearney

Address: 10123 SE Brittany Court

City/State/ZIP: Clackamas, OR 97015

Phone: (503) 786-0616

Fax:

E-mail: brian@abcroofingco.com

CONTRACTOR

Business name: ABC Roofing Company

Address: 10123 SE Brittany Court

City/State/ZIP: Clackamas, OR 97015

Phone: (503) 786-0616

Fax:

CCB lic.: 228297

Authorized signature:

Print name: Brian Kearney

Date: 10/20/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$64,005

Existing building area: square feet 7,800

New building area: square feet 7,800

Number of stories: 2

Type of construction: 2

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application 1,127.32

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Queenz FS

ELECTRONIC SUBMITTAL
SEE 1:BLDG DIV WG-8...

Development Department
Building Division
Milken Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 8/2/2019	Permit No: 32019-3313
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8225 SW Apple Way	
City/State/ZIP: Beaverton, Oregon 97225	
Suite/bldg./apt. no.:	Project name: Queenz
Cross street/directions to job site: Apple and Laurelwood off Beaverton-Hillsdale	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add/relocate existing pendent sprinklers	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Queenz	
Address: 8225 SW Apple Way	
City/State/ZIP: Portland, Oregon 97225	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Fire One Fire Systems, INC	
Contact name: Nick Bocchetti	
Address: Po Box 734	
City/State/ZIP: Oregon City, Oregon 97045	
Phone: (503) 557-9050	Fax: (503) 557-9268
E-mail: nick@fireone.org	
CONTRACTOR	
Business name: Fire One Fire Systems, INC	
Address: Po Box 734	
City/State/ZIP: Oregon City, Oregon 97045	
Phone: (503) 557-9050	Fax: (503) 557-9268
CCB lic.: 98140	
Authorized signature:	Date: 08/01/19
Print name: Nick Bocchetti	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	7,250.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	Tenant Improvement
Occupancy groups:	B- LH Seating - OH Kitchen
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	337.44
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 08/19/2019	Permit No.: B2019-3524
Date Issued: 10-30-19	By: <i>HL</i>
CITY OF BEAVERTON	Payment Type: <i>VISA</i>

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2785 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Fidelity Investments - TI
Cross street/directions to job site: Cross street: SW Jenkins Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Scope of work includes the addition of four (4) new punched openings to the southern facade of the existing exterior skin. New punches openings shall match the finish, profiles and glazing of the existing storefront system.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Fidelity Real Estate Company, LLC	
Address: 245 Summer Street	
City/State/ZIP: Boston, Massachusetts 02111	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Andersen Construction Company LLC	
Contact name: Hayden LeBlonde	
Address: 5601 6th Avenue South, Suite 550	
City/State/ZIP: Seattle, WA 98108	
Phone: (360) 739-7212	Fax: (206) 762-6710
E-mail: hleblonde@andersen-const.com	
CONTRACTOR	
Business name: Andersen Construction Company LLC	
Address: 5601 6th Avenue South, Suite 550	
City/State/ZIP: Seattle, WA 98108	
Phone: (206) 763-6712	Fax: (206) 762-6710
CCB lic.: 218298	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$18,500.00
Existing building area:	square feet 4,782
New building area:	square feet 4,782
Number of stories:	2
Type of construction:	Tenant Improvement
Occupancy groups:	Group B
Existing:	Group B
New:	Group B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$458.80
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name: *HAYDENLEBLONDE*

Hayden LeBlonde

Date: *8/16/19*

08/16/19



Building Permit Application

City of Beaverton

PO Box 4755, Beaverton, OR 97076

Phone (503) 526-2403; Fax: (503) 526-2550

Internet address: www.beavertonoregon.gov

OFFICE USE ONLY

Date Received:	Permit No.: 32019-4489
Date Issued:	By: [Signature]
	Payment Type:
1&2 family: Simple	Complex: 19933

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 8625 SW Cascade Ave

City/State/ZIP: Beaverton, OR 97008

Suite/bldg./apt. no.: Suite 500

Project name: Anitian

Cross street/directions to job site: SW Hall Blvd

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Relocation of existing horn/ strobes and additional ceiling strobe will be added to conference room five

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone: ()

Fax: ()

☒ APPLICANT

☐ CONTACT PERSON

Business name: Fire Protection Services Inc.

Contact name: David Phipps

Address: 9950 SW Arctic Drive

City/State/ZIP: Beaverton Oregon

Phone: (503) 590-3732

Fax: (503) 628-6214

E-mail: phipps@fpsnw.com

CONTRACTOR

Business name: Fire Protection Services Inc.

Address: 9950 SW Arctic Drive

City/State/ZIP: Beaverton Oregon 97005

Phone: (503) 590-3732

Fax: (503) 628-6214

CCB lic.: 154333

Authorized
signature:

Print name: David Phipps

Date: 10/29/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 2,600.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

206.11

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

440-4613T (11/02/COM/WEB)

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

O.T.C.

OFFICE USE ONLY

Date Received:	10/29/2019	Permit No:	152019-4456
Date Issued:	10/30/2019	By:	
		Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3925 SW Rose Biggi	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.: 120	Project name: Central Station Taproom
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior Wall Partitions, Suspended Ceiling System	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW Precision Design	
Contact name: Darin Bouska	
Address: 17407 SW Inkster Dr.	
City/State/ZIP: Sherwood, OR 97140	
Phone: 503-680-6444	Fax:
E-mail: Darin@NW-Precision.com	
CONTRACTOR	
Business name: BNK Construction, Inc.	
Address: 45 82nd Drive, Suite 53B	
City/State/ZIP: Gladstone, OR 97027	
Phone: 503-557-0833	Fax:
CCB lic.: 107555	

Authorized signature:

[Signature]

Print name: DARIN BOUSKA

Date: 10/2/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$ 69,500

Existing building area: square feet 11,190

New building area: square feet

Number of stories: 6

Type of construction: IIIB

Occupancy groups:

Existing: M

New: B

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	16,867.50
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10-30-19	Permit No.: B2019-4501
Date Issued: 10-30-19	By: [Signature]
Payment Type: VISA	

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 7020 SW HOODVIEW PL
City/State/ZIP: BEAVERTON OR 97008
Suite/bldg./apt. no.:
Project name:
Cross street/directions to job site:

Subdivision:
Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

VEHICLE DAMAGE: REPLACE BREAM ? REPAIR
JOISTS & SHIT.

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: PROPERTY DAMAGE SOLUTIONS, LLC

Contact name: CHRIS NESTLERODE

Address: 2850 SW CEDAR HILLS BLVD #156

City/State/ZIP: BEAVERTON, OR 97005

Phone:

Fax:

E-mail:

CONTRACTOR

Business name: Gary Pool Construction

Address:

City/State/ZIP: Beaverton OR

Phone: 503.515.1760

Fax:

CCB lic.: 143266

Authorized
signature:

Print name: CHRIS NESTLERODE

Date: 10/30/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 25,000

Number of bedrooms:

Number of bathrooms:

Total number of floors: 2

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$807.93

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: **10/29/2019** Permit No.: **B2019-4455**

Date Issued: **10/31/2019** By: **BA**

CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9440 SW 153rd Ave	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Adams - 33574
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S129DB09700	
DESCRIPTION OF WORK	
Encapsulation of crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Stephen Mangold & Melody Adams	
Address: 9440 SW 153rd Ave	
City/State/ZIP: Beaverton, OR 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Heather Rogers	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
E-mail: hrogers@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
CCB lic.: 173547	

Authorized
signature:

Print name:

Heather Rogers

Date:

10/28/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 10/28/2019
Date Issued: 10/31/2019
Permit Number: B2019-4503
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13875 SW 33 rd PL	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt. no.:	Project name: LOWE DECK REPLACE
Cross street/directions to job site: 33 rd PL + DANIELLE AVE	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S121CA06300 R181822	
DESCRIPTION OF WORK	
ELEVATED DECK REPLACEMENT	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SHAKIRA LOWE	
Address: 13875 SW 33 rd PL	
City/State/ZIP: BEAVERTON, OR 97007	
Phone: 503-332-1770	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: KM CONSULTING SERVICES	
Contact name: ALEXIS MICHAUD	
Address: 10875 SW AVOCKET CT	
City/State/ZIP: BEAVERTON, OR 97007	
Phone: 503-407-6559	Fax:
E-mail: alexis.kmconsulting@gmail.com	
CONTRACTOR	
Business name: DANIELS CUSTOM DECKS + CONST	
Address: PO BOX 5998	
City/State/ZIP: ALOHA, OR 97006	
Phone: 503-841-3372	Fax:
CCB lic.: 190599	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$11,000	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	235 square feet
Deck area:	445 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$482.51
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

City of Beaverton Community Development
PO Box 4755, Beaverton, OR 97078
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.beavertonoregon.gov

OFFICE USE ONLY

Date Received: 10/31/2019
Date Issued: 10/31/2019
Permit No: B2019-4504
By: [Signature]
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9605 SW Nimbus Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Comcast Office Remodel
Cross street/directions to job site: SW Gemini Drive	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove one head. Relocate one head	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Delta Fire, Inc.	
Contact name:	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, OR 97224	
Phone: 503-620-4020	Fax: 503-620-1058
E-mail:	
CONTRACTOR	
Business name: Delta Fire, Inc.	
Address: 14795 SW 72nd Ave.	
City/State/ZIP: Portland, OR 97224	
Phone: 503-620-4020	Fax: 503-620-1058
CCB lic.: 64174	
Authorized signature: [Signature]	
Print name:	Date:
Patty Cartales	10/29/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$2,894.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$206.11
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

rev 07/13

Building Permit Application

Approved



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: **10/30/2019** Permit No.: **B2019-4485**
Date Issued: By:
CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: **14900 SW Barrows Rd.**
City/State/ZIP: **Beaverton, OR 97007**
Suite/bldg./apt. no.: **102, 103** Project name: **Optima Salon TI**
Cross street/directions to job site:
Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Add drops for new chrome sprinkler heads due to new hard lid ceiling

☐ PROPERTY OWNER

☒ TENANT

Name: **Optima Salon Suites**
Address: **14900 SW Barrows Rd., Ste 102, 103**
City/State/ZIP: **Beaverton, OR 97007**
Phone: **(800) 535-4171** Fax:
E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: **Express Fire Systems**
Contact name: **Tiffany Bell**
Address: **670 S. 28th St.**
City/State/ZIP: **Washougal, WA 98671**
Phone: **(360) 953-8432** Fax:
E-mail: **design@expressfiresystems.com**

CONTRACTOR

Business name: **Express Fire Systems**
Address: **670 S. 28th St.**
City/State/ZIP: **Washougal, WA 98671**
Phone: **(360) 953-8432** Fax:
CCB lic.: **193272**

Authorized
signature:

Tiffany Bell

Print name:

Tiffany Bell

Date:

10/29/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation **\$12,780**

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14